ORIGINAL

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

Casey Manning

Appellate Case No. 2016-001494

RECEIVED
NOV 28 2017
SC Court of Appeals

Theodore P. Polansky, Employee,

.....Respondent,

v.

SC Office of Attorney General, Employer,
and State Accident Fund, Carrier,

.....Appellants.

APPENDIX TO THE RECORD ON APPEAL

Volume 1 of 2

Temus C. Miles, Esq.
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1315 Elmwood Avenue
Columbia, SC 29201
Attorney for Respondent

INDEX TO APPENDIX TO THE RECORD ON APPEAL

Claimant's Amended Notice of Witnesses and APA Submissions, dated March 4, 2015.....1

McDANIEL LAW FIRM
ATTORNEYS AND COUNSELORS AT LAW
1315 ELMWOOD AVENUE
COLUMBIA, SOUTH CAROLINA 29201

Proudly representing injured workers
for over 30 years.

Preston F. McDaniel
Matthew Robertson

Telephone (803) 771-7211
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March 4, 2015

Via eCase Upload
Commissioner Susan S. Barden
SC Workers Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

RE: Ted Polansky vs. SC Attorney General's Office
WCC File Nos.: 9922954 & 0024408

Dear Commissioner Barden:

Please find attached our Amended Notice of Witnesses and Written Reports simply adding Ms. Barbara Eaton or other Records Custodian of the McDaniel Law Firm for Business Records Act submissions. By copy of this letter, I am notifying Mr. Leventis of this submission. I look forward to seeing you at the hearing.

Sincerely yours,

Preston F. McDaniel

PFM/kth
Enclosure

cc: Peter P. Leventis, Esquire

STATE OF SOUTH CAROLINA)) COUNTY OF RICHLAND)) Theodore Polansky,)) Employee Claimant,)) v.)) South Carolina Office of) Attorney General,)) as Employer, and)) South Carolina State) Accident Fund,)) as Carrier,) Defendants.)	BEFORE THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION WCC File Nos: 9922954 & 0024408 **HEARING DATE: 3-6-15** **AMENDED** **NOTICE OF WITNESSES AND WRITTEN REPORT(S)/PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF CLAIMANT, THEODORE POLANSKY**

TO: PETER P. LEVENTIS, ESQUIRE, ATTORNEY FOR THE EMPLOYER /CARRIER:

YOU ARE HEREBY NOTIFIED THAT THE Claimant, Theodore Polansky, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code Section 1 23 330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

Tab No.	NAME OF REPORT(S)/PHYSICIAN OR OTHER EVIDENCE	DATE OF REPORT(S)	PAGE No.
1	Frank Forsthoefel, M.D. - Reports	07/29/04-07/31/14	1-11
2	Ezra B. Riber, M.D. - Reports	06/30/11-06/30/14	12-14
3	C. Jean Jonet, Ph.D. - Reports	05/22/12-07/31/14	15-19
4	Avie Rainwater, Ph.D.	10/10/01-07/24/14	20-30
5	Nicholas Lind, Ph.D.	09/20/07-05/21/12	31-41
6	Frank Forsthoefel, M.D. Authorized treating psychiatrist Treating Records	01/17/02-02/12/15	42-181
7	Ezra B. Riber, M.D. Authorized treating chronic pain specialist - Treatment Records	06/18/01-02/10/15	182-340 LLLL

8	C. Jean Jonet, Ph.D. Authorized treating psychologist Treatment Records	09/02/04-02/02/15	341-607
9	Jo A. Marturano, M.D.	03/22/05-09/28/09	608-664
10	Kevin Krebs, M.D.	08/17/04-07/15/05	665-668
11	Palmetto Baptist Hospital	02/21/02	669-671
12	Bowman-Grey Medical Center Wake Forest University Gary G. Poehling, M.D.- RSD Specialist Prof. & Chair Dept. of Orthopaedics Jeffrey Feldman, Ph.D.	01/11/01-11/13/00	672-676
13	2001 Social Security and State Retirement Awards		677-679
14	SCWCC Form 20s 1999 and 2000		680
15	Mediation Agreement	11/12/14	681-682
16	Correspondence regarding brain injury - evaluation/treatment	07/27/04-05/14/09	683-700
17	Sealed records - only submitted for rebuttal		706-711

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: The Claimant; Ms. Gale Dubose; Dr. Frank Forsthoefel; Ms. Mee Ling Khor-Ghould; **Ms. Barbara Eaton or other Records Custodian of the McDaniel Law Firm for Business Records Act submissions**; any witness listed,

named or called by the Defendants; and other lay witnesses to be named.

Respectfully submitted,

Preston F. McDaniel, Esquire
MCDANIEL LAW FIRM
1315 Elmwood Avenue
Columbia, SC 29201
803-771-7211
Attorney for the Claimant

March 4, 2015

CERTIFICATE OF SERVICE

Ted Polansky v. SC Attorney General's Office

WCC File Nos. 9922954 & 0024408

I HEREBY CERTIFY that on this date:

I emailed a copy of the **Amended** Notice of Witnesses to:

VIA eCASE
Commissioner Susan S. Barden
SC Workers Compensation Commission
Post Office Box 1715
Columbia, South Carolina 29202

VIA EMAIL ONLY - pleventis@mckayfirm.com
Peter P. Leventis, IV, Esquire
McKay, Cauthen, Settana & Stubley
1303 Blanding Street
Columbia, SC 29201

Kimberley T. Hinkle

Kimberley T. Hinkle, Paralegal

SWORN TO BEFORE ME this
4 day of MARCH, 2015.

(L.S.)
Notary Public for South Carolina
My Commission Expires: 2/4/24

Kim Hinkle

From: Kim Hinkle <kim@pfmcdlaw.com>
Sent: Wednesday, March 04, 2015 12:35 PM
To: Peter P. Leventis, IV, Esquire (pleventis@mckayfirm.com)
Subject: Ted Polansky v. SC Attorney General's Office; WCC File Nos. 9922954 & 0024408
Attachments: Amended Notice of Witnesses 3-4-15.pdf

Importance: High

The attached is being sent to you at the request of Preston F. McDaniel.

Kimberley T. Hinkle, Senior Paralegal
to Preston F. McDaniel
McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201
T: 803-771-7211
F: 803-252-0709

Please consider the environment before printing

NOTICE: This e-mail and any files transmitted with it are confidential and may contain information which is legally privileged or otherwise exempt from disclosure. They are intended solely for the use of the individual or entity to whom this e-mail is addressed. If you are not one of the named recipients or otherwise have reason to believe that you have received this message in error, please immediately notify the sender either by telephone (803-771-7211) or reply to this e-mail and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited.

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

July 30, 2014

Preston F. McDaniel, Esquire
McDaniel Law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

RE: Ted Polansky
DOB: 04-07-57

Dear Mr. McDaniel:

I have reviewed the email from Gale DuBose and her/Mr. Polansky's reasoning for requesting and his need to be allowed to continue to obtain his prescriptions through a local pharmacy. As Ted's treating psychiatrist and based on my acute knowledge of his severe mental and cognitive dysfunction and based on my knowledge of the medications that I am prescribing and the medications that are being prescribed by his chronic pain medicine specialist that are necessary to control and treat his conditions stemming from his work-related injury, it is my opinion that it is necessary for him to be allowed to continue to receive this medications through a local pharmacist instead of a telephonic on-line pharmacy service. He needs the advice and counsel and oversight of a local pharmacist for all of the above-stated reasons and for the reasons set out in Ms. DuBose's email.

Knowing Mr. Polanksy and his condition, I do not believe he could adequately function nor does he have the cognitive and mental capability to receive his medications through the use of a pharmacy service. I hope that provides you with the information you need.

Sincerely yours

Frank E. Forsthofel MD

Frank E. Forsthofel, M.D.

Dated: 7/31/14

Theodore Polansky
DOB: 04-07-57

Dear Dr. Forsthofel:

In reference to your patient Theodore Polansky, I would appreciate it if you would provide answers and opinions to the following questions:

1. In your specialty medical practice in the area of psychiatry and in the area of psychiatry in general when you or a psychiatrist in your reports or records refer to physical brain "injury" or brain "damage", are those terms "injury" and "damage" used interchangeably in referring to physical, (organic) damage to the brain?

✓ Yes _____ No

FEF, M.D.

2. In reference to your opinion letter of June 28, 2011 where you state:

> "you are correct that in my April 5th report that when I refer to the fact that Mr. Polansky sustained a chemical encephalopathy at that time due to a drug-drug interaction with residual features to this day with a continuing neurocognitive deficits in the form of expressive and secondary aphasia, deficits in comprehension, attention span and recent memory that I was in fact stating that in my opinion he did sustain a physical brain injury as a result of encephalopathy",

is it your opinion that Mr. Polansky sustained physical brain damage as a result of his ~~work related accident~~ DRUG-DRUG CHEMICAL ENCEPHALOPATHY.

✓ Yes _____ No FEF MD

FEF, M.D.

3. Based on your many, many years of treatment, your findings, diagnosis, records review and test findings over the years, such as from Dr. Rainwater and Dr. Jonet that he has problems as set forth above, in your opinion is the brain injury/damage that he sustained severe enough to constitute a hindrance or obstacle to employment?

✓ Yes _____ No

FEF, M.D.
FEF, M.D.

4. At this point some thirteen (13) years after the accident, is his condition (and specifically the brain damage) permanent?

✓ Yes _____ No

FEF, M.D.
FEF, M.D.

5. Will he need ongoing treatment for the psychological and physical problems resulting specifically from the brain damage he has?

✓ Yes _____ No

FEF, M.D.
FEF, M.D.

The above referenced answers and opinions constitute my opinions and answers to the questions posed to a reasonable degree of medical certainty concerning my evaluation, treatment and knowledge of Mr. Theodore Polansky.

Frank E. Forsthofel, M.D. 5-20-14
Dr. Frank E. Forsthofel, M.D. Date:

FRANK E. FORSTHOEFEL, M.D.
1415 BLANDING STREET, SUITE 4
COLUMBIA, SC 29201
TELEPHONE (803) 779-7500
FAX (803) 779-7522

December 3, 2012

RE: Theodore P. Polansky
DOB: 4-7-1957

To Whom It May Concern:

Theodore Polansky is under my medical care. It is my medical opinion that he is both totally and permanently disabled, and will continue to be so in the foreseeable future. It is expected that his disabilities will be chronic and lifelong.

Please contact my office if you have any questions or need any additional information.

Sincerely,

Frank E. Forsthoefel, M.D.

FRANK E. FORSTHOEFEL, M.D.
1333 TAYLOR STREET, SUITE 4H
COLUMBIA, SC 29201
TELEPHONE (803) 779-7500

April 13, 2012

State Accident Fund
Attn: Mee Ling Khour-Gould
Fax # 803-612-2734

RE: Ted Polansky
DOB: 4-7-1957

To Whom It May Concern:

Mr. Polansky was seen in my office on March 29, 2012. He is having significant difficulty with his memory. He has been taking Razadyne 8mg three times a day for the past seven months, and increase from 16mg daily prior to that time. Due to his continued memory deterioration, I am prescribing him Aricept 5mg twice a day to take in conjunction with the Razadyne, in order to help with his memory. I feel that the Aricept is medically necessary for Mr. Polansky. Please give consideration to approving this medication under Mr. Polansky's benefits.

Please contact my office if you have any questions or need any additional information.

Sincerely,

Frank E. Forsthoefel, M.D.

Frank E. Forsthoefel, M.D.

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

June 28, 2011

Preston F. McDaniel, Esquire
McDaniel law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

RE: Ted Polansky

Dear Mr. McDaniel:

In reply to your inquiry, first you are correct that in my April 5th report that when I refer to the fact that Mr. Polansky sustained a chemical encephalopathy at that time due to a drug-drug interaction with residual features to this day with a continuing neurocognitive deficits in the form of expressive and secondary aphasia, deficits in comprehension, attention span and recent memory that I was in fact stating that in my opinion he did sustain a physical brain injury as a result of encephalopathy.

Second, to restate my opinion, which I have held for many many years, it is my opinion to a reasonable degree of medical certainty that due to Mr. Polansky's condition, he is totally and permanently disabled from gainful employment in the workplace. I believe if you check my records you will find that I have previously stated that numerous times. I hope this answers your questions concerning Mr. Polansky.

Sincerely yours,

Frank E. Forsthoefel, M.D.

FEF/kic

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

April 5, 2011

Preston F. McDaniel, Esquire
McDaniel law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

RE: Ted Polansky

Dear Mr. McDaniel:

I appreciate the re-evaluation report of Dr. A. Rainwater, III, as to Mr. Ted Polansky's mental state. In the report, Dr. Rainwater finds "the absence of significant psychometric changes in the patient's test-retest data logically supports the conclusion that the patient's current neurocognitive changes do represent a decline in brain function secondary to the drug-drug interaction encephalopathy."

Dr. Rainwater's findings are supportive of my own findings as to the mental state of Mr. Ted Polansky just prior to and during his hospitalization of 2002. My findings at that time was a precipitous decline in his mental states to total confusion approaching delirium secondary to the drug-drug interaction affecting his brain. He was totally disoriented with expressive aphasia that continues to this day. Further, in the hospital, he demonstrates swelling of his extremities and face with elevated liver enzymes. Neurological testing by Dr. Julian Adams in the hospital supported a chemical encephalopathy due to drug-drug interaction. These findings of Dr. Rainwater, Dr. Adams, and of my own are such that it is my very strong opinion that Mr. Ted Polanski sustained a chemical encephalopathy at that time due to a drug-drug interaction with residual features to this day with continuing neurocognitive deficits in the form of expressive and secondary aphasia, deficits in comprehension, attention span, and recent memory.

Sincerely yours,

Frank E Forsthoefel MD

Frank E. Forsthoefel, M.D.

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

May 5, 2011

Preston F. McDaniel, Esquire
McDaniel law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

RE: Ted Polansky

Dear Mr. McDaniel:

In response to your letter of April 6, 2011, it is my opinion that the drug-drug reaction induced a chemical encephalopathy that materially aggravated the pre-existing mental condition of Mr. Ted Polansky, to the point that the subsequent cognitive deterioration has rendered him permanently and totally disabled from all work. Please refer to my earlier correspondence.

Sincerely yours,

Frank E. Forsthoefel, M.D.

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

March 3, 2011

Preston F. McDaniel, Esquire
McDaniel law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

RE: Ted Polansky

Dear Mr. McDaniel:

Thank you for your psychiatric records of Ted Polansky, especially the hospital records of his second Palmetto Baptist hospitalization of 2-21-02 at which time he was admitted for worsened confusion with associated auditory and visual hallucinations. Ted has had earlier confusional episodes with auditory and visual hallucinations documented in my notes of May 29, 2001, consistent with the wide fluctuations of his bipolar mood swings. Two months prior to the hospitalization of 2-21-02, his pre-existing tendencies and actualities of bipolar confusion worsened and was most probably aggravated by undertaking or overtaking his many medicines at the time Seroquel was initiated. Having checked with the research division of Astra/Zeneca, I learned that there has been no record of Seroquel alone causing any encephalopathy. During Ted's admission his liver enzymes were abnormal. During Ted's admission, he was treated for pneumonia. His ankle swelling certainly suggests an allergic reaction aggravating any tenderness or actualities of pre-existing confusion. Retrospectively by history and clinically by examination, the continuation of pre-hospitalization overuse and under-use of his medications including Seroquel with associated drug withdrawal, liver enzyme elevation and edema suggests drug-drug interactions in his liver presenting as an encephalopathy. Dr. Taylor's psychological testing on the first occasion was invalid because of his mental confusion. After several days, Dr. Taylor returned after Ted's confusion remitted and found Ted's psychological examination to be normal.

With discharge and continued care, I revised my diagnosis to schizoaffective affective schizophrenia.

Ted's pre-existing cognitive declined has occurred over many years and has been fairly congruent with his mood fluctuations. Since his hospital discharge in March 2002, his

intractable cognitive decline, although not obviously progressive, does not appear to be that mood congruent. He can be in a relatively good mood with consistent continuing severe cognitive deficits particularly in recent memory and comprehension. He and Gayle will routinely read the morning newspaper with Gayle testing his comprehension and recent memory. Ted routinely cannot pass this simple morning reading test. Again, these deficits are not mood congruent.

Dynamically it may be that Ted's earlier sexual abuse laid the groundwork for future psychotic decompensation with stress. This trauma was always well defended by his obsessive compulsive personality. When he experience his work related injuries, with the overwhelming stress of imminent job loss, his functional obsessive compulsive defense structure collapsed and was replaced with poor passive dependant defenses. These passive dependant defenses structures could not contain his emerging mood, thought, cognitive and psychotic vulnerabilities with risks of deterioration. Dr. Rainwater's psychological consultation of October 10th and 15th of 2001 documents Ted's concentration as "grossly disruptive, looses his train of thought readily. Tangential thinking." And Ted's memory as "impaired."

In summary, it is my opinion that Mr. Ted Polansky experience a drug-drug interaction during his hospitalization of 2002 with the above documentation. This drug-drug interaction aggravated a pre-existing confusional state related to his bipolar illness. It seems to this examiner that his earlier confusional state was related to his bipolar, manic and depressive states. Since the probably drug-drug interaction, his cognitive decline is no longer related to his mood lability but seems to be related in a residual way to the encephalopathy triggered by the drug-drug interaction.

Sincerely yours,

Frank E. Forsthoefel

Frank E. Forsthoefel, M.D.

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

TELEPHONE 256-2748

July 29, 2004

Dr. Thuy Ngo
SC Neurological Clinic
Post Office Box 1488
Columbia, SC 29202

RE: Theodore Polansky
Chart No.: 166965

Dear Dr. Ngo:

I hope you are well. I am referring to you Mr. Ted Polansky who has a work related schizoaffective schizophrenia with residual concentration and memory problems as secondary symptoms of schizophrenia. Further, he sustained an allergic encephalopathy to Seroquel a couple of years ago which I believe added to his concentration and memory problems. Recently for no apparent reason, he has suffered a cognitive decline, in which he cannot perform even simple calculations and in which confusion is such that he cannot drive. In earlier years, he was worked up for Lyme's disease and I would appreciate your consideration of any organic mental condition.

Sincerely yours,

Frank E. Forsthoefel MD

Theodore Polansky
DOB: 04-07-57

Dear Dr. Riber:

As the long time chronic pain medicine specialist for Mr. Ted Polansky having treated him since 2001, I would appreciate it if you would provide answers and opinions to the following questions:

1. Based on your continual treatment of Mr. Polansky since 2001 and based upon your continual evaluation and examination and knowledge of his condition and after reviewing the opinions of his treating psychiatrist, Dr. Frank Forsthoefel, his treating psychologist, Dr. C. Jean Jonet and the opinions of Dr. Nicholas Lind and Dr. Avie Rainwater and based on your knowledge of the drug-drug interaction that resulted in a chemical encephalopathy and residual problems as referred to in your report of June 30, 2011,

> "Mr. Polansky unfortunately suffered a chemical encephalopathy in 2002 as a result of drug-drug interactions. Unfortunately, he has residual neurocognitive deficits that persist to this day and are not likely to change.",

In your opinion did Mr. Polansky as a result of that chemical encephalopathy sustain organic brain damage?

Yes ✓ No

FBR, M.D.

2. Based on your history and knowledge of Mr. Polansky and after review of the records concerning his chemical encephalopathy, in your opinion, are the neurocognitive deficits and brain damage that he sustained, as described

in the reports of his treating psychiatrist and psychologist severe enough to constitute a hindrance or obstacle to employment?

✓ Yes ____ No

EBR, M.D.

3. In reference to your area of specialty, do physicians in the area of physical rehabilitation, pain management, neurology and psychiatry use the terms physical brain, "injury" and the term physical brain, "damage" interchangeably in the reports and in their treatment records concerning organic damage to the brain?

✓ Yes ____ No

EBR, M.D.

4. Does it remain your opinion that the residual neurocognitive deficits that persist at this time are not likely to change?

✓ Yes ____ No

EBR, M.D.

The above referenced opinions and answers to the questions posed constitute my opinions and answers to a reasonable degree of medical certainty concerning my knowledge and treatment of my patient, Ted Polansky.

Ezra B. Riber, M.D. Date: 6/30/14

PALMETTO PAIN MANAGEMENT, LLC
PAIN MANAGEMENT & SPINAL DIAGNOSTICS
EZRA B. RIBER, M.D.
1655 Bernardin Avenue • Suite 240 • Columbia, SC 29204
Office 779-3263 • Fax 779-3207

June 30, 2011

Re: Ted Polansky
DOB: 04/07/57

Mr. Polansky is 54-year-old gentleman injured in a work-related incident back in 1999. I have been following him since his initial visit on January 18, 2001. We have treated him for chronic, intractable pain secondary to RSD in one lower extremity and a radicular syndrome in the other. When conservative and interventional treatment options were exhausted, he came to have a trial with spinal cord stimulation. The device was implanted permanently.

Along with the neuromodulation, he has required a number of potent medications to keep him reasonably comfortable. He also has ongoing psychological treatment and is on a number of psychotropic medications as well. His condition is not going to improve. In addition to the physical problems, Mr. Polansky unfortunately suffered a chemical encephalopathy in 2002 as a result of drug-drug interactions. Unfortunately, he has residual neurocognitive deficits that persist to this day and are not likely to change.

Mr. Polansky is permanently and totally disabled. He is not capable of working in any capacity. His condition regarding the suitability of gainful employment is not going to change. The above opinion is offered to a reasonable degree of medical certainty.

Sincerely,

Ezra B. Riber, MD
Palmetto Pain Management

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST #579
• 1320 Main Street, Suite 300 • Columbia, SC 29201 • 803-735-6788 • 803-749-4499 fax •

July 31, 2014

Dear Mr. McDaniel:

This is in response to your query about whether Mr. Ted Polansky's cognitive dysfunction stemming from physical brain damage vs. problems associated with a mental/psychological issue or condition. My clinical opinion is that the records and behavioral changes that Mr. Polansky has suffered represent a profound disability that has resulted from brain damage. A careful review of the extensive records, including repeated neurological, psychiatric, and neuropsychological evaluations, reveals no other insult, syndrome, or disease to account for his dysfunction other than brain damage. Mr. Polansky was previously highly functional, working as a detective for the Attorney General of the State of South Carolina, and now he is constantly struggling to keep his life in order, showing great difficulty with many of the ordinary tasks of daily living.

I would like to also add that I have been concerned about the issue that Gail DuBose has described, in which Mr. Polansky may not be able to receive his medications on a reliable basis due to the mail order prescription services that will be required by Workman's Compensation. The severe pain from RSD requires consistent and reliable medication management. The mail order service would not be sufficient for this purpose due to the highly controlled nature of the medications, the necessity of 30-day reviews by Dr. Reber, and the time it takes for the medications to be shipped. From my perspective as his treating psychologist, I have watched Mr. Polansky suffer greatly with continued high pain levels, all of which impact his depression, anxiety, and insomnia. The help that Ms. DuBose is seeking, to include a strong pharmacy relationship, organization of medications, and provision of consistent medications, is reasonable and necessary.

Sincerely,

C. Jean Jonet Ph.D

C. Jean Jonet, Ph.D.

Theodore Polansky
DOB: 04-07-57

Dear Dr. Jonet:

In reference to your patient Ted Polansky, I would appreciate it if you would provide answers and opinions to the following questions:

1. In your professional practice as a clinical psychologist, in referring to brain, "injury" and brain, "damage", do you use those terms "injury" and "damage" interchangeably in referring to physical, i.e., organic brain damage?

✓
Yes

No

CJJ, Ph.D.

2. In expressing your opinion which is based on your evaluation, testing, review of records and your many years of treatment concerning Mr. Polansky, when you express the opinion, "that the pattern of neurocognitive deficits as observed is due to organic brain injury", is the term organic brain, "injury" the same as saying organic brain, "damage"?

✓
Yes

No

CJJ, Ph.D.

3. Based on your evaluation and many years of treatment of Mr. Polansky which resulted in your clinical opinion that he sustained organic brain damage, in your opinion is the brain injury/damage that he sustained severe enough to constitute a hindrance or obstacle to employment?

✓ Yes _____ No

CJJ, Ph.D.

CJJ, Ph.D.

4. When you state in your report that Mr. Polansky, "is certainly unable to work", in your opinion is his inability to work permanent?

✓ Yes _____ No

CJJ, Ph.D.

CJJ, Ph.D.

The above referenced answers and opinions constitute my opinions and answers to the questions posed to a reasonable degree of psychological certainty concerning my evaluation, treatment and knowledge of Mr. Ted Polansky.

C. Jean Jonet, Ph.D.

C. Jean Jonet, Ph.D.

7/23/2014
Date:

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST #579
• 1320 Main Street, Suite 300 • Columbia, SC 29201 • 803-735-6788 803-749-4499 fax •

May 22, 2012

McDaniel Law Firm
1315 Elmwood Avenue
Columbia, SC 29201

Dear Mr. McDaniel:

I am in receipt of your records for my client, Ted Polansky, including reports from Drs. Forstoefel, Rainwater, and Lind. I have carefully reviewed these records, which indicate that Mr. Polansky was reportedly hospitalized in 2002 for a drug-drug interaction with Seroquel, at which time he suffered encephalopathy.

Dr. Forstoefel has stated that his medical opinion is that Mr. Polansky suffered organic brain injury as a result of that incident in 2002. Mr. Polansky has an ongoing diagnosis of Bipolar Affective Disorder, a diagnosis which was supported by Dr. Rainwater in evaluations pre-and post encephalopathy in 2001 and 2011. In a letter from April 2011, Dr. Forstoefel has documented Mr. Polansky's changes in cognitive function since the brain insult in 2002 and has concluded that this patient has continued with neurocognitive deficits in expressive aphasia, comprehension, attention span, and recent memory.

Mr. Polansky has been in treatment with me since 2004. He comes nearly weekly and I know him well. It is clear to me and it is my clinical opinion that he suffers from neurocognitive deficts to include expressive aphasia, as well as decreased attention, concentration and short-term memory skills.

Mr. Polansky is an individual with a strong work ethic who was previously Chief Investigator for the Attorney General who would like nothing better than to be able to work, yet he cannot. He has been profoundly distressed by his inability to work, an inability that is due to not only extreme pain for RSD and affective disturbance but also due to sharply impaired cognitive skills.

Mr. Polansky is college educated yet he cannot write a check, cannot count change, cannot use tools or perform household chores or repairs. He was previously an appliance repairman at USC when he attended school, and now he cannot change a lock at home. He frequently becomes derailed while talking, requires redirection and prompts. Sometimes he just stares off into space. He is enormously forgetful, takes notes and loses them. He is greatly embarrassed and ashamed of himself for these disabilities and tries to hide them, yet cannot do so.

Based on a review of the aforementioned records and my thorough knowledge of Mr. Polansky, it is my clinical opinion that he is

suffering greatly as a result of continued severe pain, depression, and cognitive deficits, the cumulative impact from which he is certainly unable to work. In addition, it is also my opinion that the pattern of neurocognitive deficits as observed is due to organic brain injury.

Sincerely

C. Jean Jonet Ph.D.

C. Jean Jonet, PhD
Licensed Clinical Psychologist

Bose Thielke

From: Avie Rainwater <drajr3@lifecaregroup.org>
Sent: Thursday, July 24, 2014 6:33 PM
To: Preston F. McDaniel Esq.
Subject: Your letter of 7.23.14

Mr. McDaniel:

I have reviewed your 7.23.14 letter and email attachment from Ms. DuBose. It has been several years since I have seen Mr. Polansky, so my impression is simply one of logic based on the information at hand. If Mr. Polansky can't reliably operate a computer or a smart phone then requiring him to use a mail order pharmacy will undoubtedly be problematic and, as a result, could increase his anxiety unnecessarily. With the limitations described by Ms. DuBose it is unrealistic to expect Mr. Polansky to be able to navigate the emails and web pages involved in using a mail-order pharmacy. He would likely do better having the oversight and guidance of a professional pharmacist with whom he has a trusted relationship.

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CHART NOTES

PATIENT: POLANSKY, Theodore P. "Ted"

DATE: 3.22.2011 – Psychological Re-Evaluation

CONTEXTUAL INFORMATION

The patient is a 53-year-old (DOB: 4.7.1957) male kindly referred by his attorney, Preston McDaniel, for psychological re-evaluation. The patient was initially assessed by this psychologist in October of 2001 and found to be suffering with the following difficulties secondary to a work related accident:

293.83 – Agitated Depression Secondary to Pain
296.50 – Bipolar Disorder
316.00 – Psychological Factors Affecting a Physical Condition (Reduced psychological coping increasing his physical struggle).
608.89 – Male Hypoactive Sexual Desired Secondary to Pain
300.29 – Specific Phobia (Algophobia / Fear of Pain)
Obsessive Compulsive Personality Traits.

RECENT HISTORY

On interview, Mr. Polansky gives information that is completely consistent with the findings and changes that are noted in the reviewed health records. He does struggle consistently in giving information with any details and is dependent upon his significant other, Gayle, to provide specifics. Without being able to give dates he notes that he was hospitalized (2.21.2002 from the notes and Gayle's corroboration) and "something happened with my drugs and I have never been the same since." Notes from Dr. Forsthoefel indicate al allergic reaction, liver enzyme elevation and edema "suggest drug-drug interactions in his liver presenting as an encephalopathy." Dr. Forsthoefel has opined that the patient's "...intractable cognitive decline...does not appear to be that mood congruent" and further clarifies that "...his cognitive decline is no longer related to his mood lability but seems to be related in a residual way to the encephalopathy triggered by the drug-drug interaction."

INTERVIEW

Problems noted since the drug-drug interaction and related hospitalization are decreased memory with a necessity of depending on note taking to remember to complete basic tasks. He has some word finding difficulties there was not present in 2001 and it is obvious that he is compensating for this with synonym usage. He is reportedly easily confused, no longer being able to handle the family finances and he is dependent up Gayle to manage and dispense his medications so all he has to do is "remove them from the container she's put them in and take them." He notes, and his significant other affirms, that he is more easily stressed. They also talked at length at his inability to fully comprehend or remember what he reads in the daily newspaper. In that most newspapers are written on a 7th grade reading level, this represents a dramatic decline from his previous capacity of doing college level work and reading.

The most remarkable change noted in Mr. Polansky is the change in his affect. During his initial assessment he evidenced good energy and pace and was very interactive in his conversational style. Those characteristics are absent today. His affect is rather flat and he evidences considerable confusion at even the most basic questions of the interview. His conversational pace is very slow and style is effortful and deliberate.

PROCEDURE

For purposes of reevaluation, Mr. Polansky was re-administered essentially the same battery as was configured in 2001. The current battery consisted of the Minnesota Multiphasic Personality Inventory-2, Millon Clinical Multiaxial Inventory-III, Beck Anxiety Inventory, Beck Depression Inventory-2, Fear of Pain Questionnaire-III and the Wahler Physical Symptom Inventory.

FINDINGS and COMPARISONS

There is a very strong level of consistency in the test-retest findings of the psychometric data. The patient remains very depressed, highly anxious, struggling with significant physiological compromise, tending to be mildly schizotypal and dependent in his personality functioning and to have considerable unprocessed anger. His is no longer algophobic, but his profiles are otherwise remarkably similar across the ten-year time span.

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CHART NOTES

PATIENT: POLANSKY, Theodore P. "Ted"

DIAGNOSES

293.83 – Depression Secondary to Pain
296.50 – Bipolar Disorder
316.00 – Psychological Factors Affecting a Physical Condition (Reduced psychological coping increasing his physical struggle).
608.89 – Male Hypoactive Sexual Desired Secondary to Pain
294.90 – Cognitive Disorder NOS; Mild Aphasia and Receptive Language Difficulties secondary to Encephalopathy

IMPRESSIONS

The psychometric data are consistent with Dr. Forsthoefel's statements that the patient's neurocognitive changes are *not* mood congruent. Said more specifically, the changes noted in the patient's current mental status are *not* due to changes in his overall assessed psychometric status, which has remained highly consistent over time. It is completely inconsistent that the patient's psychological testing could have been found to be normal when Dr. Taylor evaluated him in 2002 during his hospitalization with drug-drug interaction. In the absence of Dr. Taylor report for review I can only assume this is a mis-dictation by Dr. Forsthoefel.

It is my opinion, stated to a reasonable degree of psychological certainty, that the absence of significant psychometric changes in the patient's test-retest data logically supports the conclusion that the patient's current neurocognitive changes do represent a decline in braining function secondary to the drug-drug interaction encephalopathy.

Avie J. Rainwater, III, PH.D., ABPP
Diplomate, American Board of Professional Psychology
Fellow, American Academy of Clinical Psychology
Senior Fellow, Biofeedback Certification Institute of America
Diplomate, American Academy of Pain Management
Associate Professor of Psychiatry and Family Medicine (MUSC)

cc: Preston F. McDaniel, Esq. 803.252.0709
Frank E. Forsthoefel, M.D.

NOTE: THE READER AND HIS/HER AGENTS ARE REQUIRED BY SC CODE, 38-11-40 AND 41 P. 22 TO FULLY PROTECT THE CONFIDENTIALITY OF THIS PSYCHOLOGICAL INFORMATION.

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OFFICE NOTE

PATIENT: POLANSKY, Ted
DATE: 10/24/01

The patient and his significant other were seen today for an assessment results conference. I shared with them that, with the conditions noted in the report sent to his referring physicians, I was clearing him for a pump. Their questions were addressed. I also spoke with Dr. Riber on the telephone about the patient's status and the outcome of the evaluation. Finally, I spoke with the patient's nurse coordinator, Ms. Beard, over the phone for a case management conference to update her and give recommendations. Report with recommendations to follow.

Avie J. Rainwater, III, Ph.D., ABPP

NOTE: THE READER AND HIS/HER AGENTS ARE REQUIRED BY SC CODE 19-11-95 TO FULLY PROTECT THE CONFIDENTIALITY OF THIS PSYCHOLOGICAL INFORMATION WHICH IS WRITTEN FOR CLINICAL USE AND SHOULD NOT BE SHARED DIRECTLY WITH THE PATIENT

BEHAVIORAL HEALTH GROUP
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843/667-4949 (Ofc) ✆ 843/667-3349 (Fax)

TRANSACTIONAL PSYCHOPHYSIOLOGICAL ASSESSMENT

PATIENT: POLANSKY, Ted
DATE: 10.18.01

The patient is seen today for a TPA. This evaluation is conducted to see if the patient's complaints are being exacerbated by sustained or hyper-responsive autonomic arousal. This TPA is being done as a part of his comprehensive psychological evaluation and the results will be interpreted in and included in the final report. He has taken medicines early this morning (@6 hours earlier): OxyContin, Vioxx, Skelaxin, Depakote, Effexor & Wellbutrin. Per request, he has not taken his PM medications. His primary pain site is in the lumbar spine and it radiates down both legs. He also struggles with considerable headpain.

The transactional psychophysiological assessment is conducted based on the standardized protocol of baseline (a), induced stress (b) and post-stress rest (c) is utilized. The baseline is seen from the start of the graphic printout to point #1. The rest aspect is seen at the start of the data/graph. Induced stress is recorded between points #1 and #2. The post-stress rest condition is represented on the graph from #2 onward.

Data Acquisition:

Channel 1 = frontalis electromyography via surface electrodes (EMG)
Channel 2 = right lumbar surface electromyography (EMG)
Channel 3 = digit electrodermalgraphic skin response (EDR/GSR)
Channel 4 = digit peripheral skin temperature (PST)
Channel 5 = digit blood volume pulse for heart rate (BVP / HR)
Channel 6 = respiration rate: abdominal strain gauge (RR)

Channel:	Units	Min.	Peak	Thresh	Abv.Th	Mean	Std.Dev	Coeff.V.
Baseline:								
1:EMG 1 RMS	µV	0.98	12.47	0.00	100.0%	1.83	1.02	0.56
2:EMG 2 RMS	µV	0.93	2.54	0.00	100.0%	1.39	0.24	0.18
3:SC/GSR	µm	0.20	0.33	0.00	100.0%	0.24	0.03	0.14
4:TEMP	°F	77.07	86.34	0.00	100.0%	80.88	2.93	0.04
5:G:BVP heart r	Bm	76.80	101.05	0.00	100.0%	89.06	3.82	0.04
6:H:Resp. rate	Bm	0.00	34.29	0.00	100.0%	7.15	3.08	0.43
Stress:								
1:EMG 1 RMS	µV	1.09	49.53	0.00	100.0%	4.11	2.56	0.62
2:EMG 2 RMS	µV	0.83	32.66	0.00	100.0%	1.42	0.99	0.70
3:SC/GSR	µm	0.21	1.37	0.00	100.0%	0.84	0.28	0.33
4:TEMP	°F	85.28	87.00	0.00	100.0%	85.96	0.59	0.01
5:G:BVP heart r	Bm	87.27	174.55	0.00	100.0%	97.25	7.91	0.08
6:H:Resp. rate	Bm	3.05	36.92	0.00	100.0%	16.50	7.25	0.44
Post-Stress Rest:								
1:EMG 1 RMS	µV	0.62	19.67	0.00	100.0%	1.63	1.53	0.94
2:EMG 2 RMS	µV	0.88	9.37	0.00	100.0%	1.00	0.16	0.16
3:SC/GSR	µm	0.31	1.02	0.00	100.0%	0.56	0.20	0.36
4:TEMP	°F	85.10	86.82	0.00	100.0%	85.91	0.48	0.01
5:G:BVP heart r	Bm	80.00	112.94	0.00	100.0%	91.78	4.94	0.05
6:H:Resp. rate	Bm	3.69	39.18	0.00	100.0%	12.64	8.19	0.65

Avie J. Rainwater, III, PH.D.

Note: The reader and his/her agents are required by SC Code 19-11-95 to fully protect the confidentiality of this psychological information which is written for professional / clinical use and not to be shared directly with the patient.

BEHAVIORAL HEALTH GROUP

AVIE J. RAINWATER, III, PH.D., ABPP, BCIA, AAPM
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PSYCHOLOGICAL CONSULTATION

PATIENT: POLANSKY, Theodore P. "Ted"
DATE: October 10th and 15th, 2001

IDENTIFYING INFORMATION

The patient is a 44 year old (DOB: 4/7/57) male kindly referred by Ezra Riber, M.D. for psychological evaluation to determine if he is a psychologically appropriate candidate for placement of a dorsal column stimulator. The patient is seen clinically by Frank Forsthoefel, M.D., a psychiatrist with whom I have discussed this evaluation procedure.

As a routine part of the initial interview the limits of confidentiality and privilege were explained and matters of office policy, appointments, the uses of this report, charges and insurance were also discussed. Prior to meeting with the patient a care management conference was held with his case manager, Jeanne Beard, R.N. The patient is accompanied by Gale DuBose, his significant other. He is represented legally by Preston McDaniel of the McDaniel Law Firm. He presents well groom and dressed very casually.

He is recently retired as the Chief Investigator for the Attorney General's office. This was a medically necessary retirement. He retired 8/8/01 and went into this status after he used up all of his leave time. He openly states he isn't pleased with having to be retired, but that it is necessary given his circumstance.

He is currently with a primary care physician and has been seen surgically by Robert Peele, M.D. (orthopedics). He also went through the five-week pain program at the Center for Pain Management at Baptist Hospital. He cries openly as he talks about the difficulty in that treatment because he learned on the last day that he was not being released to return to work. He reports that "they set me off." He describes how he "started ranting and raving and they committed me at Baptist under Dr. Forsthoefel." He stayed in the psychiatric program for 15 days and then went daily to the Partial Hospitalization Program for close to three months. He states that the PHP was beneficial because it helped him come to grips with the necessity of retirement. He then adds that he really hasn't accepted this reality but only that he didn't have any other viable choice.

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FAMILY HISTORY

He details a traditional family unit with two sisters (he is the 2nd of the three children) in a military family that necessitated the usual travel and school changes. He graduated high school early and graduated from USC in Criminal Justice. His mother died of cancer in 1983 and his father is retired and he has progressing relationship with him.

He notes that he was molested by both a priest and a teacher while he was a young boy. He expresses that this and a few other details have soured him against the church and that this doesn't bother him. He laments anger at God for all the things that have happened to him and his lack of understand as to why.

He was married in 79, separated in 81 and divorced in 86. He has no children.

PRESENT SITUATION

The patient has been injured on the job on two separate occasions. The first injury occurred on 10/19/99 when he and another agent were moving subpoenaed records of a defendant to store in a building in Columbia. While carrying boxes up the stairs to the building, and then up three additional flights of stairs, a slip occurred and the handcart loaded with boxes slammed into his left knee and he fell to the ground as did his co-worker. He was examined by his physician who referred him to Midlands Orthopedics where he was cared for by Dr. Peele. He notes his supervisor didn't want him to complete an accident report, but he did so on the urging of a HR representative. In December of '99 he had surgery on his left knee by Dr. Peele. He purposefully had the surgery over the Christmas break so he would have minimal down time. He was on and off crutches and wen t through PT; his recuperation was prolonged. In March of 2000 he was told by Dr. Peele that he had developed Reflex Sympathetic Dystrophy in his left knee. He was discharged from care in June of 2000.

He was referred to Bowman Gray Medical School by a physician who specializes in RSD and they recommended a psychological work up, but this was reportedly disallowed by his WC carrier. He eventually did see the psychologist at BGMS on some agreement basis and they referred him to the Center for Pain Management at Baptist Hospital in Columbia because it was closer to his home.

He received some ESI's and had PT. He has remained on crutches since he wasn't able to sufficiently increase his weight use of the left leg.

While moving his office he hurt his back in May of 2000. He isn't sure exactly how this occurred but notes he didn't feel like he should be doing the moving but he was instructed to do so and complied. He has not had any back surgery. He has not had a lumbar MRI because of remnant metal in his eye from a work accident while in college. The back surgeon has subsequently said he doesn't want to do any surgery until the RSD problem is resolved.

He notes that with his back hurting he has been walking some differently and perhaps being weight some differently and he is now having trouble with his right leg. The right leg will intermittently give way and he will fall.

He was eventually referred to Ezra Riber, M.D. who has been coordinating his care over the last year.

PAIN HISTORY

Location: His worst pain is in his left knee with the RSD. His secondary pain is in the lumbar area. These are rates these at 9 and 8 on a 0-10 VAS respectively without medications. These are reduced to 5 and 6 respectively with medications.

Frequency: Constant.

Description: His pain is worse upon waking. He reports an extreme sensitivity to changes in the weather and a strong sensitivity to anything touching his knee or to any breeze (i.e., a fan blowing) on his knee. His pain is increased by overdoing and he is clear that he over-exerts because "that's just the way I am."

Pain Behavior: He uses crutches and walks with a very slow pace and dedicated limp to the left.

Current Rx: OxyContin, Skelex, Vioxx, Neurontin, Effexor, Ambien, Wellbutrin and Depakote. He also takes Imitrex and has "real bad headaches at least four times a week." He isn't sure if this is a complete listing.

Psychophysiological Pain Cycle: He states he is more apt to get a headache when "...I think about all of this and how I can't work." He is tearful in reporting this. He expresses a sense that when he is feeling stressed, physically tense or anxious his overall level of pain will be increased.

CLINICAL INTERVIEW

Previous psychological care: Frank Forsthoefel, M.D. for weekly psychiatric since January of this year. This is a well-established and greatly supportive relationship for the patient that he owns as "saving my life and keeping me with what sanity I have left."

Past psychiatric hospitalizations: Per above, he has had one admission to the Baptist Psychiatric service and then was followed extensively in their Intensive Outpatient Program.

Mood: Frankly depressed and despondent. Vacillations between marked depression and times of forced energy during which he will grossly overdo. He has overdone to the point of collapsing on his lawn in exhaustion while doing yard work. He admits to having "no middle gears, only high and none. But that's always been my style just to go, go, go."

Affect: Explosive and pressured speech. Tearful and clearly overwhelmed.

Motivation: Non-existent. He talks about how bothered he is with all he can't do and doesn't want to do.

Concentration: Grossly disrupted. Looses his train of though readily. Tangential thinking.

Memory: Impaired. He uses lists to keep track of things that are important to him.

Sleep: Very poor even with medications. He has difficulty falling asleep, difficulty staying asleep and difficulty returning to sleep. He believes he achieves an average of 3 hours of sleep a night.

Energy: Decreased. Sub-par.

Appetite: Decreased. He is gaining weight and feels this is primarily due to inactivity rather than overeating. He typically will eat only one and maybe two meals a day.

Recreation: Nothing.

Sex: Alibido. No erection during sleep or upon waking.

Exercise: None

Tobacco: None

Caffeine: On a typical morning he will have 1-3 mugs of coffee. He doesn't drink ice tea with any regularity. He will drink 1-2 decaffeinated soda in a day. He is not a big chocolate eater.

Substances: He will drink 1-2 non-alcoholic imported beer every other day. He denies any use of marijuana or recreational drugs. He denies any family history of drug or alcohol problems.

Marital Description: Divorced. He has a stable relationship with his significant other, Gale, for more than 15 years. They do not cohabitate.

Financial: No significant stress.

Religion: Non-practicing Catholic.

Education: He has an AA and a BA in Criminal Justice. He graduated with a 3.26 GPA.

Safety: He denies any current or past suicidal thoughts, intent or plan. He admits to significant struggles with wanting to simply not be alive some time ago, but this is not currently the case. There is no family history of suicide. He has purposely dismantled his firearms.

Sensorium: There is no evidence of psychotic processing or bizarre mentation.

PSYCHOMETRIC ASSESSMENT PROCEDURE:

The patient was administered a full battery of psychological testing. All instruments were completed in a valid manner and the results are taken to be an accurate representation of his

current psychological functioning. The examination included the following instruments: Minnesota Multiphasic Personality Inventory-2, Millon Clinical Multiaxial Inventory – III, Fear of Pain Questionnaire-III, P-3, Battery for Health Improvement,

FINDINGS:

The data show several clear trends that support definitive diagnoses for the patient. He is currently overwhelmed by his current circumstance of pain and his continued adjustment to being disabled. He is suffering with a mixture of severe depression and anxiety that conceptually is most likely to present as bipolar disorder. He is angry, withdrawn and has a highly labile affect. He is overly sensitive to his own physiological functioning and tends to experience increased pain or other physical compromise when stressed. His general level of psychological distress is consistent with approximately 16% of men with chronic pain.

The data clarify his level of past suicidality. He affirms that this is not a current challenge for him and is able to clearly state that he is not considering and has no plans to do anything to harm himself or another.

From a personality perspective he is quite a neurotic individual. This has most likely presented itself in an obsessive-compulsive personality trait across the years. This premorbid style makes it more difficult for him to put his pain and suffering into an acceptable perspective. The data also suggest that he is currently quite passive dependent. This represents a considerable change from his premorbid functioning and is another indicator of just how overwhelmed he is.

TRANSACTIONAL PSYCHOPHYSIOLIGICAL ASSESSMSENT:

A comprehensive TPA (transactional psychophysiological assessment) was performed on the patient to determine if his pain experience was being exacerbated by sustained autonomic arousal or hyper-responsivity. The patient did not take his PM medication before this evaluation per request.

The TPA was conducted based on the standards protocol of baseline, induced stress and rest. Frontalis and right lumbar paraspinal surface electromyography, digit electrodermalgraphic response, peripheral skin temperature, blood volume pulse and respiration were all monitored.

FINDINGS:

The patient's generalized level of sustained muscle tension as measured from the frontalis was only slightly above normal on baseline, showed the expected increase during stress, and showed the desired return to baseline during rest. In fact, his resting level was actually slightly lower than the baseline. The lumbar paraspinals showed the same response pattern.

The electrodermal level and elevated heart rate are consistent with his assessed levels of held anger and psychological funneling of distress into physiological arousal (i.e., anxiety). His peripheral skin temperature and respiration rates were within normal limits.

Taken together, these findings are only slightly above normal. Given the intensity of his subjective report, more objective arousal would be anticipated.

DIAGNOSES:

AXIS I:
293.83 – Agitated Depression Secondary to Pain
296.50 - Bipolar Disorder
316.00 – Psychological Factors Affecting a Physical Condition (Reduced psychological coping increasing his physical struggle.)
608.89 - Male Hypoactive Sexual Desire Secondary to Pain
300.29 – Specific Phobia (Algophobia / Fear of Pain)

AXIS II:
Obsessive Compulsive personality traits

AXIS III:
Chronic Pain

IMPRESSIONS and RECOMMENDATIONS:

This is a difficult case. Based simply on the psychometrics, he does not look like a good candidate for a stimulator. He is simply too psychologically compromised. However, several competing factors come into play. He has excellent social support with his significant other and a well-established and successful relationship with his treating psychiatrist and pain specialist (i.e., anesthesiologist). Also, psychophysiologically he looks much better than anticipated and that bodes well for a stimulator success. These factors, taken with the fact that there is little else to offer him treatment wise, suggest that we need to allow him a trial. I do think he would benefit from increased frequency of sessions with Dr. Forsthoefel during the time of the trial and surgery (if the trial is successful) to minimize the stress of the procedure. He will need long-term supportive psychotherapy of an indeterminate length.

PLAN:

1. The patient is psychologically cleared for a stimulator trial.
2. The patient should follow up with Dr. Forsthoefel.

Avie J. Rainwater, III, Ph.D., ABPP

C: Ezra Riber, M.D.
Frank Forsthoefel, M.D.
Jeanne Beard, R.N.
Preston McDaniel, Esq.

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21 May 2012

McDaniel Law Firm
1315 Elmwood Avenue
Columbia, SC 29201
VIA FACSIMILE: (803) 252-0709

Re: Theodore Polansky

Thanks for the opportunity to review the records of Drs. Rainwater and Forsthoefel. I also reviewed my own evaluation results in light of these new data and think that, with these additional pieces, we're closer to an understanding of Mr. Polansky's condition.

Looking back through the chart, I recall being at a loss without Mr. Polansky's medical records. While most evaluations have an average week turn around time, it took me months to write a report as I was occupied with tracking down what information I could. I managed to get some clarification, but not a lot. The providers with whom I was able to consult felt that they, too, had pieces of the puzzle but were also somewhat in the dark. The complicating factors for Mr. Polansky included the severity of his reported emotional symptoms and the apparent impact of his medications. These weren't necessarily independent; he seemed to have had bad reactions to the medicines and to have responded to these setbacks catastrophically. Records from his Palmetto Baptist hospitalizations, unfortunately, weren't available.

The initial impression I had of Mr. Polansky was of a progressive dementia but, after consulting with Drs. Jonet and Marturano, it seemed that, while the condition may be getting progressively worse, there was a clear onset of his cognitive dysfunction. Mr. Polansky's medications were works in progress and it wasn't clear the extent to which they were impacting his thinking. At that point, it also wasn't clear to what extent his cognitive functioning was dependent on his emotional symptoms. Considering the consensus of these two treating providers who had known Mr. Polansky for a time, as well as the observations of his common law wife, I determined the testing results to be contaminated by the apparent impact of analgesic medication and the unknown impact of Mr. Polansky's psychological disruption.

The reports you offered from Dr. Rainwater clarify the potential impact of Mr. Polansky's mood on his thinking. We have the benefit of what amounts to pre- and post-tests that demonstrate consistent emotional functioning before and after his cognitive decline; we can rule out the possibility that any cognitive decline is due to emotional/psychological factors. Moreover, Dr. Forthoefel's 3 March 2011 and 5 April 2011 reviews, which conclude drug-drug interaction-triggered encephalopathy, are not inconsistent with global cognitive impairment. Considering the reported course of Mr. Polansky's impairment, it would be safe to say that any demonstrated brain dysfunction was more likely than not at least aggravated by such an event.

My testing battery has evolved since I met with Mr. Polansky in 2007 and, if the evaluation was conducted today, there are additional tests I would give him. There was no stand-alone test of effort, for example, and I would prefer more information about his executive functioning. But I think the evaluation does its job of being one piece of the clinical picture. While there was no formal test of malingering, Mr. Polanski performed as expected on the embedded tests of effort on the Wechsler measures (stronger on digit forward than backward; 22/30 on Logical Memory II Recognition; 20/24 on Verbal Paired Associates). He recognized half the verbal and 1/3 the visual stimuli on two memory tasks but, put in the context of his reported fatigue in the various points of the testing session, I feel comfortable concluding that the test results reflected Mr. Polansky's best efforts. The extent to which his performance was impacted by medications, however, is still unclear to me.

Assuming Mr. Polansky is not currently on any impairing medicines, I'd recommend a current neuropsychological evaluation to clarify cognitive functioning. I included scores in my initial report in case any future evaluator might find them useful.

I hope the pieces are eventually put in place. Let me know if you have any questions or concerns.

Respectfully submitted,

Nicholas A. Lind, PsyD

29 February 2008

State Accident Fund

Re: Theodore Polansky

A psychological examination was requested by the State Accident Fund to assess the psychological and neuropsychological impact of his 19 October 1999 work-related accident. My responsibilities were to clinically interview Mr. Polansky and offer an opinion concerning the following referral questions:

Is Mr. Polansky experiencing neuropsychological impairment?

What further evaluation would you recommend?

This report was based on a 120-minute psychological evaluation, psychological testing and neuropsychological testing. I met with Mr. Polansky on 20 September 2007 and informed him of the nature of the examination and that a report would be shared with the referral source. He articulated understanding. He was evaluated on 20 September and 18 October. He and Ms. DuBose were seen on 7 February 2008 in order to clarify details in the report. Telephonic consultation with Drs. Jonet and Mutmo was conducted on 8 February 2008.

Patient Demographics
The patient is a 50 year-old Caucasian male. Mr. Polansky provided the history.

Written Documentation Reviewed
Notes provided by Gale Dubose and referring letter to Dr. Ngo from Dr. Forsthoefel.

Symptoms/Impairments

Mr. Polansky reported that he was working as a chief investigator in charge of healthcare fraud when, on 19 October 1999, he fell down the stairs and injured his left knee. "I don't know if I hit my head or not," he said, "I know I didn't lose consciousness." He had surgery in January 2000, returned to work, and injured his back in May 2000 when lifting boxes from one office to another. He worked until December 2000 with some leave and was out until August 2001, when he retired. He has since had a spinal cord implant.

Since his 1999 fall, Mr. Polansky has reportedly experienced a reduction in sleep. He said that he currently sleeps approximately four hours each night with the use of Ambien. He said that he has less interest and ability to engage in previously enjoyed activities, such as enjoying his lake home because of his developed fear of water. He reported a decrease in energy, ability to concentrate and sex drive. He denied suicidal ideation. Current risk factors for suicide include symptoms of anxiety and frustration with cognitive difficulties. Protective factors include his supportive relationship with his girlfriend and his willingness to get help. Based on Rudd et al's 2001 criteria for determining suicide risk assessment, Mr. Polansky is currently at No Risk for self-harm. The corresponding level of appropriate mental health care is outpatient therapy with recurrent risk assessment.

Mr. Polansky reported that he is most concerned about what he perceives to be his slipping cognitive abilities. He said that he cannot remember to take his medications and, because he cannot remember to turn off the stove, he stopped cooking approximately one year ago. Ms. DuBose is therefore preparing his medications. He has word-finding difficulty and often finds himself forgetting where he is going when he gets on the interstate; he ends up heading in a wrong direction. He no longer reads, he said, and cannot remember how to operate a computer. He reportedly has difficulty spelling and he can no longer add or do calculations. "My girlfriend handles all of the finances," Mr. Polansky said. He has not had seizures.

Mr. Polansky said that he has a piece of shrapnel in his eye from an accident that occurred while working at USC. He said that it does not hurt but he has been advised never to have an MRI; "it would pull out the shrapnel and may cause me to go blind." He denied a history of high blood pressure. There was no family history of dementia, as far as he knew. He completed college and maintained 3.5 gpa in order to stay on scholarship. He denied ever failing a class or being held back a grade.

His girlfriend, Gale DuBose, was interviewed by phone on 10 October 2007. She indicated that she first noticed problems with Mr. Polansky's word-finding problems. "He had problems with this for several years," she said, "but it has progressively gotten worse." He also has difficulty remembering what he did from one day to the next, Ms. DuBose said. "He'll remember if he goes somewhere, but he won't remember something like working in the yard or doing something around the house." She denied noticing any major differences in his personality, aside from his lack of confidence in his mental abilities and his more depressed mood.

Previous Injuries/Psychological Treatment

Mr. Polansky denied mental health treatment prior to his injury and denied the need for such services. The 29 July 2004 letter from Dr. Forsthoefel, however, indicates that he had been diagnosed with concentration and memory problems secondary to Schizoaffective Disorder. Mr. Polansky denied a history of head injuries.

Behavioral Observations

Mr. Polansky appears stated age. While the Folstien Mini Mental Status Exam is typically used as a screening instrument to identify those with potential cognitive problems, it can also be useful for any provider to track cognitive change across time. He scored a 22/30 on the MMSE, which is suggestive of cognitive impairment (recommended cutoff is 23). He missed three points because he failed to identify the appropriate season, date and day of the week; a point because he was unaware of the street address of the evaluation; three points because he failed to remember the three words on the delayed recall; and a point because he failed to follow a three step instruction (took the paper with the left, rather than right, hand). He was therefore not well oriented to location or time. Regarding level of consciousness, he appears alert. Affect is flat. Reported mood is "okay." He presented himself in a casually dressed and appropriate fashion. Eye contact can be described as good. Speech is logical, coherent and goal-directed. His recent and remote memory appeared to be impaired due to assessment results and his deference to notes throughout much of the clinical interview. For example, he looked at his driver's license in order to tell me what his birthday was. Psychomotor activity is normal. There is a negligible degree of conceptual disorganization evident. His thought content is characterized by no significant preoccupations. Regarding perceptual functioning, the patient denies hallucinations and none are evident. Attitude can be described as cooperative and interested. At times he expressed embarrassment because of his performance on the tasks. As far as insight is concerned, the patient verbalizes awareness of problems and sees consequences. Judgment appears good. Attention/Concentration is characterized by limited ability to attend and maintain focus. Regarding impulse control the patient is reflective and able to resist urges.

Quality of Historian. The quality of Mr. Polansky's self-reporting of some details were inconsistent with those reported by his girlfriend and treating providers.

Results of Psychological Testing

The following assessment measures were used:

1. Beck Anxiety Inventory (BAI)
2. Beck Depression Inventory-Second Edition (BDI-II)
3. Boston Naming Test
4. Comprehensive Trail-Making Test (CTMT)
5. Controlled Oral Word Association (COWA)
6. Hopkins Verbal Learning Test-Revised (HVLT-R)
7. Folstein Mini-mental State Exam (MMSE; discussed in *Behavioral Observations*)
8. Rey Complex Figure Test (RCFT)

9. Wechsler Adult Intelligence Scale-Third Edition (WAIS-III)
10. Wechsler Memory Scale-Third Edition (WMS-III)

The test results were determined to be invalid due to

DSM-IV-TR Diagnoses

Axis I	295.70	Schizoaffective Disorder (per history)
Axis II	V71.09	No Diagnosis or Condition on Axis II
Axis III		See medical record
Axis IV:		Social isolation and fatigue
Axis V:	GAF=65	

Responses to Specific Questions

Is Mr. Polansky experiencing neuropsychological impairment?

The results of the neuropsychological evaluation are invalid due to interference from analgesic medication and cognitive difficulties secondary to psychological symptoms.

What further evaluation would you recommend?

I recommend that Mr. Polansky be referred for a brain scan to determine/rule out the presence of atrophy. While the shrapnel in his eye may prevent an MRI from being conducted, it may be beneficial to have a CT scan to determine the presence and extent of current atrophy. MMSEs at future medical appointments may help track the course of his cognitive symptoms.

Thank you for referring Mr. Polansky. Please let me know if you have any questions or concerns.

Respectfully submitted,

Nicholas A. Lind, PsyD

Animal Naming

	Raw	M	SD	
	14	21.9	5.4	Low Average

	Raw	M	SD	
Boston Naming Test	43	55.2	4.0	Extremely Low

Comprehensive Trail-Making Test (CTMT)

	Raw	(T)	[%tile]	
Composite Index	105	(18)	[<1]	Severely Impaired
Trails 1	142"	(18)	[<1]	Mild-to-Moderately Impaired
Trails 2	86"	(30)	[<1]	Severely Impaired
Trails 3	130"	(21)	[<1]	Severely Impaired
Trails 4	138"	(18)	[<1]	Severely Impaired
Trails 5	318"	(18)	[<1]	Severely Impaired

Controlled Oral Word Association (COWA)

	Raw	M	SD	
Total	30	39.3	11.6	Average
F	13	13.7	4.5	Average
A	7	11.2	4.3	Average
S	10	14.4	4.6	Average

Hopkins Verbal Memory Test-Revised (HVMT-R)

	Raw	(T)	
Total Recall	20	(32)	Mildly Impaired
Delay	3	(≤20)	Severely Impaired
Retention	50%	(≤20)	Severely Impaired

The Mini Mental State Examination

	22	Impaired

Rey Complex Figure Test and Recognition Trial (RCFT)

	Raw	(T)	[%tile]
Copy	24.5		[≤1]
Immediate Recall	12	(35)	[7]
Delayed Recall	11	(31)	[3]
Recognition Total Recall	15	(<20)	[<1]

Wechsler Adult Intelligence Scale-Third Edition (WAIS-III)

Scale	Sum of SS	IQ Score	95% Conf. Interval	PR	Qualitative Description
Verbal	15	57	53-63	0.2	Extremely Low
Performance	17	59	55-68	0.3	Extremely Low
Full Scale	32	54	51-59	.1	Extremely Low

	Sum of	Index	95% Conf.

Scale	SS	Score	Interval	PR
Verbal Comprehension	9	61	57-68	0.5
Perceptual Organization	10	62	57-72	1.0

	Raw Score	Age SS	PR	Ref SS*
Verbal Subtest				
Vocabulary	16	4	2	4
Similarities	5	2	<1	2
Arithmetic	5	2	<1	2
Digit Span	2	1	<1	1
Information	5	3	1	5
Comprehension	7	3	1	4
Performance Subtest				
Picture Completion	3	2	<1	1
Digit Symbol-Coding	5	2	<1	1
Block Design	20	6	9	6
Matrix Reasoning	1	2	<1	1
Picture Arrangement	3	5	5	4

Wechsler Memory Scale-Third Edition (WMS-III)

Scale	Sum of SS	Index Score	95% Interval	Conf. PR	Qualitative Description
Auditory Immediate	8	65	60-74	1.0	Extremely Low
Visual Immediate	13	78	72-92	7.0	Borderline
Immediate Memory	21	65	60-76	1.0	Extremely Low
Auditory Delayed	8	64	59-78	1.0	Extremely Low
Visual Delayed	9	65	61-81	1.0	Extremely Low
Aud Rec. Delayed	5	75	70-93	5.0	Borderline
General Memory	22	62	57-73	1.0	Extremely Low
Working Memory	9	71	66-84	3.0	Borderline

Wechsler Memory Scale-Third Edition (WMS-III)
(continued)

	Raw Score	Age SS	Ref SS
Logical Memory I - Recall	17	3	3
Faces I - Recognition	26	6	5
Verbal Paired Assoc I - Recall	4	5	4
Family Pictures I - Recall	34	7	6
Letter-Number Sequencing	6	6	5
Spatial Span	7	3	2
Logical Memory II - Recall	5	4	3
Faces II - Recognition	27	5	4
Verbal Paired Assoc II - Recall	0	4	2
Family Pictures II - Recall	23	4	3
Auditory Recognition - Delayed	42	5	5

Post Trauma Resources
1709 Laurel Street
Columbia, South Carolina 29201
803.765.0700

Progress Note

Date:	2/7/2008
Service:	90806 Individual psychotherapy
Provider:	Nicholas Lind, Psy.D.
Patient:	Polanski, Theodore
Date of Birth:	4/7/1957 Age: 50
Sex:	Male

Content/Process

Session Content: Mr. Polanski and his girlfriend were seen for a 45-minute feedback session. Reviewed the results of the evaluation and how the conclusions were drawn. I left messages for Drs. Jones and Marturano (Mr. Polansli's psychologist and psychiatrist) in order to consult and share records. We scheduled a follow-up appointment for 29 February.

Electronically Signed/Date: Lind, Nicholas 2/7/2008 2:33:30 PM

Post Trauma Resources
1709 Laurel Street
Columbia, South Carolina 29201
803.765.0700

Intake Note

Date:	9/20/2007	
Provider:	Nicholas Lind, Psy.D.	
Type of Visit:	Scheduled	
Patient:	Polansky, Theodore	
Date of Birth:	4/7/1957	Age: 50
Sex:	Male	

Identifying Information

The patient is a 50 year old male.

Chief Complaint/History of Present Illness

Mr. Polanski was seen for two hour interview and neuropsychological testing. He agreed to return on 18 October to finish testing. Report is pending.

Electronically Signed/Date: Lind, Nicholas 10/16/2007 9:03:01 AM

FRANK E. FORSTHOEFEL, M.D.
1415 BLANDING STREET, SUITE 4
COLUMBIA, SC 29201
TELEPHONE (803) 779-7500

February 12, 2015

Corporate Pharmacy Services
Jennifer Morrison, R.Ph.
Director of Pharmacy
P.O. Box 1950
Gadsden, AL 35902

RE: Ted Polansky
DOB: 4-7-1957

To Whom It May Concern:

Mr. Polansky has been under my medical care for over fourteen years. He has been prescribed brand name Cymbalta, Provigil, Wellbutrin XL, and Ambien CR for several years and has been stable on these medications. Mr. Polansky has a complex history of psychiatric and medical illnesses with numerous medication trials/failures. He is sensitive to medication changes, usually resulting in additional medical complications. He has tried generic alternatives to medications in the past, which resulted in a less than optimal benefit and mental decompensation.

It is my professional opinion that it is medically necessary for Mr. Polanksy to continue taking brand name Cymbalta, Provigil, Wellbutrin XL, and Ambien CR. Please give consideration to approving these medications under Mr. Polansky's benefits.

Please contact my office if you have any questions or need any additional information.

Sincerely,

Frank E. Forsthoefel, M.D.

Frank E. Forsthoefel, M.D.

cc: Preston F. McDaniel, Attorney at Law

Psychiatric Progress Note

Patient Name: Ted Petanisky Date 2/15/15

Psychiatric Progress Narrative:

Since last visit worsen mdd, affective symptoms of depression & weight gain, no energy, unable to complete task tasks and some confusion with voices and loud drums. His concussed despite same meds he same. W.H increase Seroquel 60 to tid for confusion and voices. Exacerbation of mdd, affective symptoms probably triggered by loss and death of dog with depression issues.

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ___ appropriate ✓ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ✓ hallucinations ___ delusions
Though Processes: ___ appropriate ✓ illogical ___ tangential ✓ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ___ appropriate ✓ depressed ✓ anxious ___ elated ___ angry ___ sad
Affect: ___ mood congruent ✓ blunted ___ flat ✓ tearful ___ labile ___ constricted
Speech: ___ normal ✓ rapid ___ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ✓ neat ___ casual ___ poor hygiene ___ disheveled
Motor Activity: ___ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ✓ easily distracted
Memory: Ns recent intact ts remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: Increase Seroq to 60 tid
No other changes

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 1/8/15

Psychiatric Progress Narrative:

Stable. Better w/ bed more planning, organizing + better use of laundry possession. Some persistent confusion re: in attachments when among boy distances are pretty on bubbles and when we Florida - put by into air conditioner less expression

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions
Though Processes: ✓ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ✓ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ___ mood congruent ✓ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ___ normal ___ rapid ✓ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ✓ neat ✓ casual ___ poor hygiene ___ dishelved
Motor Activity: ___ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ✓ easily distracted
Memory: ___ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No changes

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ___ yes ___ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 12/4/14

Psychiatric Progress Narrative:

Affect w/ stable despite continuing depression and acute grieving of death of dog (17yr old). Continued low grade chronic hopelessness when in "edge" and not consciously focusing on projects. Discuss routine-projects and a plan to stay focused + busy.

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ___ appropriate ✓ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ✓ hallucinations ___ delusions
Though Processes: ___ appropriate ___ illogical ✓ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ___ appropriate ✓ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ✓ mood congruent ✓ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ✓ normal ___ rapid ✓ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ✓ neat ✓ casual ___ poor hygiene ___ dishelved
Motor Activity: ✓ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ✓ easily distracted
Memory: ___ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ___ yes ___ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 11/6/14

Psychiatric Progress Narrative:

Stable. Continue disabling schizo-affective disorder with voices, depression and disabling dementia as well with risk of deterioration without continuing psychiatric care with med adjustments

Side effects reported to current medications ____ yes ____ no
If yes, describe: ____

Mental Status Exam:

Sleep ____ Appetite ____

Thought Content: ____ appropriate ✓ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions

Though Processes: ____ appropriate ____ illogical ✓ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations

Mood: ____ appropriate ✓ depressed ____ anxious ____ elated ____ angry ____ sad

Affect: ____ mood congruent ____ blunted ____ flat ____ tearful ✓ labile ____ constricted

Speech: ____ normal ____ rapid ✓ rambling ____ loud ____ soft ____ talkative ____ slow

Appearance: ✓ neat ____ casual ____ poor hygiene ____ dishelved

Motor Activity: ✓ normal ____ fidgety ____ hyper ____ other: ____

Concentration: ____ fair to interview ✓ easily distracted

Memory: ____ recent intact ✓ remote intact

Assessment and Dx: ____

Plan: ____

Changes in Medication: No change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ____ yes ____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment ____

Psychiatric Progress Note

Patient Name: TED PADNSKY Date 10/23/14

Psychiatric Progress Narrative:

Wallace elevate at this time in that he cannot comprehend what he reads nor comprehend how to go about some of his activities of daily living or personal projects. Not occupy were due to chronic pain and failure of pain upkeep. Continue seizures but not as bad. Continue depression. Trazodone make social affects depth disability

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep ↓ Appetite _____

Thought Content: ___ appropriate ✓ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions

Though Processes: ___ appropriate ___ illogical ✓ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations

Mood: ___ appropriate ✓ depressed ___ anxious ___ elated ___ angry ___ sad

Affect: ___ mood congruent ✓ blunted ___ flat ___ tearful ___ labile ___ constricted

Speech: ___ normal ___ rapid ✓ rambling ___ loud ___ soft ___ talkative ___ slow

Appearance: ✓ neat ___ casual ___ poor hygiene ___ dishelved

Motor Activity: ✓ normal ___ fidgety ___ hyper ___ other: _____

Concentration: ___ fair to interview ✓ easily distracted

Memory: ↓ recent intact ↓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Pilansky Date 9/25/14

Psychiatric Progress Narrative:

Continue daily depression and dementia
Pt. active in daily living activities especially
and low medications. Continue visual + fear of snakes
Images of snakes

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ____ appropriate ✓ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ✓ hallucinations ____ delusions
Though Processes: ____ appropriate ____ illogical ✓ tangential ____ circumstantial
✓ Flight of ideas ____ loosening of associations
Mood: ____ appropriate ✓ depressed ____ anxious ____ elated ____ angry ____ sad
Affect: ____ mood congruent ✓ blunted ____ flat ____ tearful ____ labile ____ constricted
Speech: ____ normal ____ rapid ✓ rambling ____ loud ____ soft ____ talkative ____ slow
Appearance: ✓ neat ____ casual ____ poor hygiene ____ dishelved
Motor Activity: ____ normal ____ fidgety ✓ hyper ____ other: _____
Concentration: ____ fair to interview ✓ easily distracted
Memory: ____ recent intact ____ remote intact

Assessment and Dx: GAF 40

Plan: No change.

Changes in Medication: _____

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polnosky Date 9/11/14

Psychiatric Progress Narrative:

Increased disorderly conduct, loss of day and supervisory limitations over uncooperative parties messing up living etc. Will increase haloperidol to 100 mg po qd

Side effects reported to current medications ____ yes ____ no
If yes, describe: ____

Mental Status Exam:

Sleep ____ Appetite ____

Thought Content: ___ appropriate ___ confused ✓ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ✓ hallucinations ___ delusions

Though Processes: ✓ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations

Mood: ___ appropriate ✓ depressed ___ anxious ___ elated ___ angry ___ sad

Affect: ✓ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted

Speech: ___ normal ___ rapid ✓ rambling ___ loud ___ soft ___ talkative ___ slow

Appearance: ___ neat ___ casual ___ poor hygiene ___ dishelved

Motor Activity: ___ normal ___ fidgety ___ hyper ___ other: ____

Concentration: ___ fair to interview ✓ easily distracted

Memory: ___ recent intact ✓ remote intact

Assessment and Dx: ____

Plan: ____

Changes in Medication: ↑ haloperidol 100 mg po qd

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ____ yes ____ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment 9.25.14 945

Psychiatric Progress Note

Patient Name: Ted Polansky Date 8/14/14

Psychiatric Progress Narrative:

Ted seated day room but distance and
Eye contact poor + withdrawn for Patient.
Recognizes stress separate + Needs to talk
more. Guilty present, denies Sleep well

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions
Though Processes: ✓ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ✓ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ___ mood congruent ✓ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ✓ normal ___ rapid ___ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ___ neat ___ casual ___ poor hygiene ___ dishelved
Motor Activity: ✓ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ___ easily distracted
Memory: ✓ recent intact ___ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No change.

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ___ yes ___ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 7/17/14

Psychiatric Progress Narrative:

Continues to be productive but anxious
becomes less restrictive only to discuss
dependent. Continues access to base pay

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions

Though Processes: ___ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations

Mood: ___ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad

Affect: ✓ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted

Speech: ✓ normal ___ rapid ___ rambling ___ loud ___ soft ___ talkative ___ slow

Appearance: ✓ neat ___ casual ___ poor hygiene ___ dishelved

Motor Activity: ✓ normal ___ fidgety ___ hyper ___ other: _____

Concentration: ✓ fair to interview ___ easily distracted

Memory: ✓ recent intact ___ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ___ yes ___ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 6/19/14

Psychiatric Progress Narrative:

Stable. Less depressive affect is currently self more and getting things done on topiramate but with tolerance monitoring.

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions

Though Processes: ✓ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations

Mood: ✓ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad

Affect: ✓ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted

Speech: ___ normal ___ rapid ✓ rambling ___ loud ___ soft ___ talkative ___ slow

Appearance: ✓ neat ✓ casual ___ poor hygiene ___ dishelved

Motor Activity: ___ normal ___ fidgety ___ hyper ___ other: _____

Concentration: ___ fair to interview ___ easily distracted

Memory: ✓ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ___ yes ___ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment 7.17.14 10:00

Psychiatric Progress Note

Patient Name: Ted Polansky Date 5/22/14

Psychiatric Progress Narrative:

Since last seen with return of wife, under pressure. Discussed conflicts and fears with Customs Dec right now and issues. Pressure and demands managed.

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
✓ Suicidal ___ homicidal ___ hallucinations ___ delusions
Though Processes: ___ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ✓ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ✓ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ✓ normal ___ rapid ___ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ✓ neat ___ casual ___ poor hygiene ___ dishelved
Motor Activity: ___ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ___ easily distracted
Memory: ✓ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 4/24/14

Psychiatric Progress Narrative:

Stable. Feels better with less manic symptoms
in activities daily living. Getting some projects finished
Parents very helpful in regard to care outside of the unit

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions

Though Processes: ✓ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations

Mood: ___ appropriate ✓ depressed ___ anxious ___ elated ___ angry ___ sad

Affect: ✓ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted

Speech: ___ normal ___ rapid ✓ rambling ___ loud ___ soft ✓ talkative ___ slow

Appearance: ✓ neat ✓ casual ___ poor hygiene ___ dishelved

Motor Activity: ___ normal ✓ fidgety ___ hyper ___ other: _____

Concentration: ___ fair to interview ___ easily distracted

Memory: ✓ recent intact ___ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

P54

Psychiatric Progress Note

Patient Name: Ted Polansky Date 3/27/14

Psychiatric Progress Narrative:

Cataract surgery left eye & complications. Ophthalmologist wants to do
Right cataract surgery next week. Sleeping well & Progressing & less
hyperactive but still hyper to self report. When frustrated
tolerance more depressed. Sometimes he gets really down
Cataract doesn't seem to worry and gets him down. Long hrs at car
shop more than usual. Still trying to have people but no confidence

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ✓ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions

Though Processes: ✓ appropriate ___ illogical ✓ tangential ___ circumstantial
___ Flight of ideas ✓ loosening of associations

Mood: ___ appropriate ___ depressed ✓ anxious ___ elated ___ angry ___ sad

Affect: ___ mood congruent ___ blunted ✓ flat ___ tearful ___ labile ___ constricted

Speech: ___ normal ___ rapid ✓ rambling ___ loud ___ soft ___ talkative ___ slow

Appearance: ✓ neat ___ casual ___ poor hygiene ___ dishelved

Motor Activity: ✓ normal ___ fidgety ___ hyper ___ other: _____

Concentration: ___ fair to interview ___ easily distracted

Memory: ✓ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: TED BLANSKY Date 3/6/14

Psychiatric Progress Narrative:

Doing better w/ no further nightmares and visual hallucinations
+ day time SI w/ Mirtazapine. Continue clonidine
& unlikely to follow through & projects - Counselor & mom
adequately supervised. Free clinic pamphlet & Pros left legs
More social & bed/food.

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions
Though Processes: ___ appropriate ___ illogical ✓ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ✓ appropriate ✓ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ✓ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ✓ normal ___ rapid ___ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ✓ neat ___ casual ___ poor hygiene ___ dishelved
Motor Activity: ✓ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ✓ fair to interview ___ easily distracted
Memory: ___ recent intact ___ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ___ yes ___ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polanesky Date 2/20/14

Psychiatric Progress Narrative:

DWA

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ____ appropriate ____ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions

Though Processes: ____ appropriate ____ illogical ____ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations

Mood: ____ appropriate ____ depressed ____ anxious ____ elated ____ angry ____ sad

Affect: ____ mood congruent ____ blunted ____ flat ____ tearful ____ labile ____ constricted

Speech: ____ normal ____ rapid ____ rambling ____ loud ____ soft ____ talkative ____ slow

Appearance: ____ neat ____ casual ____ poor hygiene ____ dishelved

Motor Activity: ____ normal ____ fidgety ____ hyper ____ other: _____

Concentration: ____ fair to interview ____ easily distracted

Memory: ____ recent intact ____ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: _____

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Tect Polanisky Date 1/30/14

Psychiatric Progress Narrative:

Patient's nightmares about night & are hallucinations easy from nightmares of violence & resulting hallucinations during day. They may be residual PTSD nightmares from childhood. No change in dosage will assess Remeron for nightmares with plan for daily day-day interaction. No overdose nor hypersomnia today.

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ____ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions

Though Processes: ✓ appropriate ____ illogical ____ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations

Mood: ____ appropriate ____ depressed ____ anxious ____ elated ____ angry ____ sad

Affect: ____ mood congruent ✓ blunted ✓ flat ____ tearful ____ labile ____ constricted

Speech: ____ normal ____ rapid ____ rambling ____ loud ____ soft ____ talkative ____ slow

Appearance: ✓ neat ____ casual ____ poor hygiene ____ dishelved

Motor Activity: ✓ normal ____ fidgety ____ hyper ____ other: _____

Concentration: ____ fair to interview ____ easily distracted

Memory: ✓ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: Remeron 15mg prn

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ____ yes ____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polnasky Date 1/2/14

Psychiatric Progress Narrative:

Stable. Increased pain to because since implant and exiting. Tolerating steroids better except periodic depression. Ted is not willing has decreased to improve quality of life except return of nerves, chronic teasing pain. Sue views has reduced will welcome Gaven to 60 tx

Side effects reported to current medications ____ yes ____ no
If yes, describe: ____

Mental Status Exam:

Sleep ____ Appetite ____

Thought Content: ✓ appropriate ____ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions

Though Processes: ____ appropriate ____ illogical ✓ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations

Mood: ✓ appropriate ✓ depressed ____ anxious ____ elated ____ angry ____ sad

Affect: ✓ mood congruent ✓ blunted ____ flat ____ tearful ____ labile ____ constricted

Speech: ✓ normal ____ rapid ____ rambling ____ loud ____ soft ____ talkative ____ slow

Appearance: ✓ neat ____ casual ____ poor hygiene ____ dishelved

Motor Activity: ✓ normal ____ fidgety ____ hyper ____ other: ____

Concentration: ____ fair to interview ____ easily distracted

Memory: ____ recent intact ____ remote intact

Assessment and Dx: ____

Plan: ____

Changes in Medication: ↑Gaven cc tid

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and altematives available ____ yes ____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment ____

Psychiatric Progress Note

Patient Name: Ted Poldosky Date 12-5-13

Psychiatric Progress Narrative:

Affect well stable re elevation, depression & paranoia, pain
continued post fractures - counsel explain tasks for
source of tension. Persistent insomnia, bed sleeping better
than 6 mos ago with addition of Elavil

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ___ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions
Though Processes: ___ appropriate ___ illogical ✓ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ___ appropriate ✓ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ___ mood congruent ✓ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ___ normal ___ rapid ✓ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ___ neat ✓ casual ___ poor hygiene ___ dishelved
Motor Activity: ___ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ___ easily distracted
Memory: ✓ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: ↑ Elavil 50mg PM

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ___ yes ___ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

P 60

Psychiatric Progress Note

Patient Name: Ted Polansky Date 10/24/13

Psychiatric Progress Narrative:

Pay was are kept considered. More assertive & distressed. Patient under good control. Has depressed Pain problem persists

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions

Though Processes: ✓ appropriate ___ illogical ✓ tangential ✓ circumstantial
___ Flight of ideas ___ loosening of associations

Mood: ✓ appropriate ✓ depressed ✓ anxious ___ elated ___ angry ___ sad
Affect: ___ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ✓ normal ✓ rapid ___ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ✓ neat ___ casual ___ poor hygiene ___ dishelved
Motor Activity: ✓ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ___ easily distracted
Memory: ___ recent intact ___ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: None

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ___ yes ___ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polinsky Date 10/3/13

Psychiatric Progress Narrative:

Nurse says paranoid + depressed. Still not sleeping
will try Elavil 50 hs. No info to reach about Elavil + glaucoma

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ✓ hallucinations ✓ delusions
Though Processes: ✓ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ✓ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ✓ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ✓ normal ___ rapid ___ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ✓ neat ___ casual ___ poor hygiene ___ dishelved
Motor Activity: ✓ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ✓ easily distracted
Memory: ✓ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: Elavil 50 mg hs x 30 Rfx1

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 9/5/13

Psychiatric Progress Narrative:

Stable with considerable remission of paranoia, with no overt depression, with greater pain relief taken pain meds in am but with continued dementia & insomnia. Asked him to journal ① Quality of sleep & ② Dreams as he gets up

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions

Though Processes: ✓ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations

Mood: ✓ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad

Affect: ✓ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted

Speech: ✓ normal ___ rapid ✓ rambling ___ loud ___ soft ___ talkative ___ slow

Appearance: ✓ neat ___ casual ___ poor hygiene ___ dishelved

Motor Activity: ✓ normal ___ fidgety ___ hyper ___ other: _____

Concentration: ___ fair to interview ✓ easily distracted

Memory: ✓ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No Change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 8/8/13

Psychiatric Progress Narrative:

Remains unable to name & poor hygiene, denies auditory
hallucinations. Mood stable & good self assertion with peers
peer coaches and redirected well.

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep Poor Appetite _____

Thought Content: ✓ appropriate ✓ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions

Though Processes: ✓ appropriate ✓ illogical ____ tangential ____ circumstantial
Paranoid ____ Flight of ideas ____ loosening of associations

Mood: ✓ appropriate ____ depressed ____ anxious ____ elated ____ angry ____ sad

Affect: ____ mood congruent ✓ blunted ____ flat ____ tearful ____ labile ____ constricted

Speech: ____ normal ____ rapid ✓ rambling ____ loud ____ soft ____ talkative ____ slow

Appearance: ✓ neat ✓ casual ____ poor hygiene ____ disheveled

Motor Activity: ✓ normal ____ fidgety ____ hyper ____ other: _____

Concentration: ____ fair to interview ✓ easily distracted

Memory: ✓ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: No change

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 7-25-13

Psychiatric Progress Narrative:

In good spirits. Recognizes paranoia is not a paranoia was preoccupied about it. Continued chronic pain and headache. Able to drive alone along Inca Roadtrip

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ✓ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions

Though Processes: ✓ appropriate ____ illogical ✓ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations

Mood: ✓ appropriate ____ depressed ____ anxious ____ elated ____ angry ____ sad

Affect: ____ mood congruent ____ blunted ✓ flat ____ tearful ____ labile ____ constricted

Speech: ✓ normal ✓ rapid ____ rambling ____ loud ____ soft ____ talkative ____ slow

Appearance: ✓ neat ____ casual ____ poor hygiene ____ dishelved

Motor Activity: ✓ normal ____ fidgety ____ hyper ____ other: _____

Concentration: ____ fair to interview ✓ easily distracted

Memory: ✓ recent intact ____ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: None

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ____ yes ____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 7-11-13

Psychiatric Progress Narrative:

Stable. Here mostly for supervision laws. Who high free of depression & pressured speech. Was agreeable, withdrawn & no anxiety. Again does possess & Geodon 60 but due to uncertain paranoia delusions & self. Continued security particularly recent increase law suit given consideration. To see Dr. Peters for RSD. Brief wrote Tungsten spoke today

Side effects reported to current medications ____ yes ✓ no
If yes, describe: ____

Mental Status Exam:

Sleep ____ Appetite ____

Thought Content: ____ appropriate ____ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ✓ delusions paranoia

Though Processes: ____ appropriate ____ illogical ____ tangential ✓ circumstantial
✓ Flight of ideas ____ loosening of associations

Mood: ____ appropriate ____ depressed ____ anxious ✓ elated ____ angry ____ sad

Affect: ____ mood congruent ____ blunted ____ flat ____ tearful ✓ labile ____ constricted

Speech: ____ normal ✓ rapid ____ rambling ____ loud ____ soft ____ talkative ____ slow

Appearance: ✓ neat ____ casual ____ poor hygiene ____ dishelved

Motor Activity: ____ normal ____ fidgety ✓ hyper ____ other: ____

Concentration: ____ fair to interview ✓ easily distracted

Memory: ____ recent intact ____ remote intact

Assessment and Dx: ____

Plan: No change

Changes in Medication: ____

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ____ yes ____ no

Dosing instructions give ____ yes ____ N/A

Follow-up appointment ____

Psychiatric Progress Note

Patient Name: Ted Blansky Date 6-13-13

Psychiatric Progress Narrative:

Neck pain persists with resumption of Geodon with improved success. Continue focus on balance, pain + stress management. Trace Dr. Ribet's medications

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ____ appropriate ____ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions
Though Processes: ____ appropriate ____ illogical ✓ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations
Mood: ✓ appropriate ____ depressed ____ anxious ____ elated ____ angry ____ sad
Affect: ✓ mood congruent ____ blunted ____ flat ____ tearful ____ labile ____ constricted
Speech: ____ normal ✓ rapid ____ rambling ____ loud ____ soft ____ talkative ____ slow
Appearance: ✓ neat ____ casual ____ poor hygiene ____ dishelved
Motor Activity: ✓ normal ____ fidgety ____ hyper ____ other: _____
Concentration: ____ fair to interview ✓ easily distracted
Memory: ____ recent intact ____ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: None

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give _____ yes _____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Palmusky Date 5-30-13

Psychiatric Progress Narrative:

Much more confused + paranoid since off Geodon
Looking and guessing in interview status and of
night interfering with sleep - No problem eating; Pleasant
Rambly; Tried above + found she can follow this

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ___ appropriate ✓ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ✓ delusions (paranoid)
Though Processes: ___ appropriate ✓ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ___ appropriate ✓ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ___ mood congruent ✓ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ___ normal ___ rapid ✓ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ✓ neat ___ casual ___ poor hygiene ___ dishelved
Motor Activity: ___ normal ✓ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ✓ easily distracted
Memory: ___ recent intact ___ remote intact

Assessment and Dx: _____

Plan: Restart Geodon?

Changes in Medication: None

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ___ yes ___ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 5-16-13

Psychiatric Progress Narrative:

Pt at discharge from BMH after episodes of dyspnea at rest which was new in addition to exertional dyspnea. Cardiac, pulmonary (incl CTA) tests were negative. Cortical heal prop. Patient believes in obtain. Patient believes over put 2-8 cbs just before hospitalization which of course stresses him. Patient stated this as if hard. Ask Barbara Rudy + Gale to reassure the Patient that no one believes that is true. Gale + I spoke to can still drive. Decreased sleep + staying in bed etc

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep ✓ Appetite WNL

Thought Content: ____ appropriate ____ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions
Though Processes: ____ appropriate ____ illogical ____ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations
Mood: ____ appropriate ____ depressed ✓ anxious ____ elated ____ angry ____ sad
Affect: ✓ mood congruent ____ blunted ____ flat ____ tearful ____ labile ____ constricted
Speech: ____ normal ____ rapid ✓ rambling ____ loud ____ soft ____ talkative ____ slow
Appearance: ____ neat ____ casual ____ poor hygiene ____ dishelved
Motor Activity: ____ normal ____ fidgety ____ hyper ____ other: _____
Concentration: ____ fair to interview ✓ easily distracted
Memory: ____ recent intact ____ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: None

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 5-9-13

Psychiatric Progress Narrative:

Reschedule

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:
Sleep _____ Appetite _____
Thought Content: ____ appropriate ____ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions
Though Processes: ____ appropriate ____ illogical ____ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations
Mood: ____ appropriate ____ depressed ____ anxious ____ elated ____ angry ____ sad
Affect: ____ mood congruent ____ blunted ____ flat ____ tearful ____ labile ____ constricted
Speech: ____ normal ____ rapid ____ rambling ____ loud ____ soft ____ talkative ____ slow
Appearance: ____ neat ____ casual ____ poor hygiene ____ dishelved
Motor Activity: ____ normal ____ fidgety ____ hyper ____ other: _____
Concentration: ____ fair to interview ____ easily distracted
Memory: ____ recent intact ____ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: _____

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 4-18-13

Psychiatric Progress Narrative:

Continues frustrated with stimulants with no pain relief
Discussion again with Dr. Piber who will see patient at time
of all visits. Patient states simple frustration

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ___ appropriate ✓ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions
Though Processes: ✓ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ✓ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ✓ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ___ normal ___ rapid ___ rambling ✓ loud ___ soft ___ talkative ___ slow
Appearance: ___ neat ___ casual ___ poor hygiene ___ disheveled
Motor Activity: ___ normal ✓ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ✓ easily distracted
Memory: ✓ recent intact ✓ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: None

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polanski Date 4/11/13

Psychiatric Progress Narrative:

Continued RSD pain - Stimulator not working. Visions of VA doctor, ha, once might F. insomnia beg a continued terrible pain. Takes 2 Trazadone 150 mg qhs + Ambien. Appetite excellent. No obvious clinical depression. Still functional deficit, mainly problem - May forget to take meds for pain & then feel worse.

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ____ appropriate ____ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions
Though Processes: ____ appropriate ____ illogical ____ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations
Mood: ____ appropriate ____ depressed ____ anxious ____ elated ____ angry ____ sad
Affect: ____ mood congruent ____ blunted ____ flat ____ tearful ____ labile ____ constricted
Speech: ____ normal ____ rapid ____ rambling ____ loud ____ soft ____ talkative ____ slow
Appearance: ____ neat ____ casual ____ poor hygiene ____ dishelved
Motor Activity: ____ normal ____ fidgety ____ hyper ____ other: _____
Concentration: ____ fair to interview ____ easily distracted
Memory: ____ recent intact ____ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: _____

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

FRANK E. FORSTHOEFEL, M.D.
1415 BLANDING STREET, SUITE 4
COLUMBIA, SC 29201
TELEPHONE (803) 779-7500

April 10, 2013

Corporate Pharmacy Services
Jennifer Morrison, R.Ph.
Director of Pharmacy
P.O. Box 1950
Gadsden, AL 35902

RE: Ted Polansky
DOB: 4-7-1957
SSN: 214-66-4408

To Whom It May Concern:

Mr. Polansky has been under my medical care for over twelve years. He has been prescribed brand name Provigil, Wellbutrin XL, and Ambien CR for several years and has been stable on these medications. Mr. Polansky has a complex history of psychiatric and medical illnesses with numerous medication trials/failures. He is sensitive to medication changes, usually resulting in additional medical complications. He has tried generic alternatives to medications in the past, which resulted in a less than optimal benefit and mental decompensation.

It is my professional opinion that it is medically necessary for Mr. Polanksy to continue taking brand name Provigil, Wellbutrin XL, and Ambien CR. Please give consideration to approving these medications under Mr. Polansky's benefits.

Please contact my office if you have any questions or need any additional information.

Sincerely,

Frank E. Forsthoefel, M.D.

Frank E. Forsthoefel, M.D.

Psychiatric Progress Note

Patient Name: Ted Polansky Date 3/14/13

Psychiatric Progress Narrative:

Ted does better in understanding confused states in which he misplaces things and not following cues. Not as preoccupied. Chronic pain remains the same with appt to Dr Ribera tomorrow. In better spirits

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ___ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions
Though Processes: ___ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ___ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ___ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ___ normal ___ rapid ___ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ___ neat ___ casual ___ poor hygiene ___ disheveled
Motor Activity: ___ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ___ easily distracted
Memory: ___ recent intact ___ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: None

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

_____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 2/21/13

Psychiatric Progress Narrative:

Good conjoint session c Ted & Gail c review of Ted's cerebrovascular accident. Gail acknowledges slow decline in comprehension and functioning e.g. 2 hrs for Ted to complete his morning bathing & dressing. Ted volunteers that he goes off track with meds, which causes decline in time of functions to restore order. Ex: structured schedule e.g. cook of day, dinner, and grocery shop is able to stay on track. Gail is advised to intervene and keep Ted on track, keep off meds

Side effects reported to current medications ____ yes ✓ no
If yes, describe: ____

Mental Status Exam:

Sleep ____ Appetite ____

Thought Content: ____ appropriate ✓ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions
Though Processes: ____ appropriate ____ illogical ✓ tangential ✓ circumstantial
____ Flight of ideas ✓ loosening of associations
Mood: ____ appropriate ____ depressed ✓ anxious ____ elated ____ angry ____ sad
Affect: ____ mood congruent ____ blunted ____ flat ____ tearful ____ labile ____ constricted
Speech: ____ normal ____ rapid ✓ rambling ____ loud ____ soft ____ talkative ____ slow
Appearance: ✓ neat ✓ casual ____ poor hygiene ____ dishelved
Motor Activity: ✓ normal ____ fidgety ____ hyper ____ other: ____
Concentration: ____ fair to interview ✓ easily distracted
Memory: ✓ recent intact ✓ remote intact

Assessment and Dx: ____

Plan: ____

Changes in Medication: None

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ____ yes ____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment ____

Psychiatric Progress Note

Patient Name: Ted Polanisky Date 2/14/13

Psychiatric Progress Narrative:

Domestic guilty waste with decline in mood, interfering with functioning as evidenced by decreased activities such as getting ready in a.m. taking 2 hrs. This stress is causing depressive and psychotic symptoms & could be causing current issue. Ted tearful & tried to fight expression further new/old pain in lower back not doing well, evaluated & appropriate depression. Ted tried to fight expression

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ___ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions
Though Processes: ___ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations
Mood: ___ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad
Affect: ___ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted
Speech: ___ normal ___ rapid ___ rambling ___ loud ___ soft ___ talkative ___ slow
Appearance: ___ neat ___ casual ___ poor hygiene ___ dishelved
Motor Activity: ___ normal ___ fidgety ___ hyper ___ other: _____
Concentration: ___ fair to interview ___ easily distracted
Memory: ___ recent intact ___ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: None

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polowsky Date 1-17-13

Psychiatric Progress Narrative:

DNKA

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ____ appropriate ____ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions

Though Processes: ____ appropriate ____ illogical ____ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations

Mood: ____ appropriate ____ depressed ____ anxious ____ elated ____ angry ____ sad

Affect: ____ mood congruent ____ blunted ____ flat ____ tearful ____ labile ____ constricted

Speech: ____ normal ____ rapid ____ rambling ____ loud ____ soft ____ talkative ____ slow

Appearance: ____ neat ____ casual ____ poor hygiene ____ dishelved

Motor Activity: ____ normal ____ fidgety ____ hyper ____ other: _____

Concentration: ____ fair to interview ____ easily distracted

Memory: ____ recent intact ____ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: _____

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no

Dosing instructions give ____ yes ____ N/A

Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polinsky Date 12/20/12 ~~12-6-12~~

Psychiatric Progress Narrative:

Wassem tongue swelled & pillow with pleasure. RDD left side than spread to toes. Breathe heavier mid-shift. Vitals unremarkable. Gordon educated to sleep cycle. Denies drug use. Depression no worse. Appears in good spirits despite circumstance.

Side effects reported to current medications _____ yes _____ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ___ appropriate ___ confused ___ helpless ___ hopeless ___ worthless
___ Suicidal ___ homicidal ___ hallucinations ___ delusions

Though Processes: ✓ appropriate ___ illogical ___ tangential ___ circumstantial
___ Flight of ideas ___ loosening of associations

Mood: ✓ appropriate ___ depressed ___ anxious ___ elated ___ angry ___ sad

Affect: ✓ mood congruent ___ blunted ___ flat ___ tearful ___ labile ___ constricted

Speech: ✓ normal ___ rapid ___ rambling ___ loud ___ soft ___ talkative ___ slow

Appearance: ___ neat ___ casual ___ poor hygiene ___ dishelved

Motor Activity: ___ normal ___ fidgety ___ hyper ___ other: _____

Concentration: ___ fair to interview ___ easily distracted

Memory: ___ recent intact ___ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: None.

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available ___ yes ___ no

Dosing instructions give ___ yes ___ N/A

Follow-up appointment _____

Psychiatric Progress Note

Patient Name: Ted Polansky Date 11-8-12

Psychiatric Progress Narrative:

Tongue discomfort due to anti-platelet secondary to dexamethasone
& Rx Thrush Toothpaste etc. Ted also had cataract surgery R knee &
CAT scan showing fluid & Rx physical therapy + possible arthroscopic
surgery. Since Creedmoor elevated values WNL. Domestic relations
unchanged. Still able to discuss salary negotiations & use effectively
Sleeping better on Ambien CR 12.5. Stressor & confusion regarding work at home
Relieved over answers to tongue discomfort

Side effects reported to current medications _____ yes ✓ no
If yes, describe: _____

Mental Status Exam:

Sleep _____ Appetite _____

Thought Content: ✓ appropriate ____ confused ____ helpless ____ hopeless ____ worthless
____ Suicidal ____ homicidal ____ hallucinations ____ delusions
Though Processes: ✓ appropriate ____ illogical ____ tangential ____ circumstantial
____ Flight of ideas ____ loosening of associations
Mood: ✓ appropriate ____ depressed ____ anxious ____ elated ____ angry ____ sad
Affect: ✓ mood congruent ____ blunted ____ flat ____ tearful ____ labile ____ constricted
Speech: ✓ normal ____ rapid ____ rambling ____ loud ____ soft ____ talkative ____ slow
Appearance: ✓ neat ____ casual ____ poor hygiene ____ dishelved
Motor Activity: ✓ normal ____ fidgety ____ hyper ____ other: _____
Concentration: ____ fair to interview ____ easily distracted
Memory: ____ recent intact ____ remote intact

Assessment and Dx: _____

Plan: _____

Changes in Medication: _____

Resident/Parent/Legal Guardian has been educated about the side effects and risks versus benefits of current medications and alternatives available _____ yes _____ no
Dosing instructions give ____ yes ____ N/A
Follow-up appointment _____

PATIENT: Ted Polansky

DATE: 10-11-12

DIAGNOSIS: _____

_____

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
___90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Continues to pace particularly at tip. Separated the car
boards at the window. Appetite good. Continues to see
some benefit in the clozapine. Managing negatives. Going to see
endocrinologist. Voices no worse. Depression worse in that he is less
functional. Will consider ECT. Periodontal issues persist w infection.
Pain does not present self as any more depressive. Continues cleaning.
Periodontist doesn't believe he may have candida, mandibulate. More
obsessive-compulsive. Will d/c Cymbalta

MEDICATIONS:

_____ _____

_____ _____

_____ _____

FOLLOW-UP: ___1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 9-13-12

DIAGNOSIS: _____

_____

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
____90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

DNKA

MEDICATIONS:

_____ _____

_____ _____

_____ _____

FOLLOW-UP: ___1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 8-30-12

DIAGNOSIS: _____

_____

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
___90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Stressors with unpleasant work setting, with cautiously but decreased pain in temporo affective area, with poor eye contact and work at both times. Statement more despondent and irritable but he does not decompensate. Resume Cymbalta

MEDICATIONS:

_____ _____

_____ _____

_____ _____

FOLLOW-UP: ___1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 7-19-12

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
___90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Continued memory decline eg. loses memory to slow speech (has to backtrack), loses memory as to sorting clothes for wash, or to which washer discharge. Has put containers belonging in refrigerator in drawers. No longer can "fix" his medicines - he does it wrong according to Gal. Can no longer read & comprehend from scratch. Has to ask what he reads means. No longer puts clothes away - disorganized. Has always been disorganized. Takes ½ hr showers - dirty mostly. Stares away from water.

MEDICATIONS:

FOLLOW-UP: ___1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 6-21-12

DIAGNOSIS: _____

_____

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
___90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Much more affectively stable and coherent with Geodon re-instated. Continues memory loss deficits. Got Ct Scan today. Continued w/ meth pain after cessation of Thrush which may be related to Cymbalta + Topamax. Dr Ruben withdrawing her from Topamax. Will have weekly labs & gradually taper down Cymbalta

MEDICATIONS:

_____ _____

_____ _____

_____ _____

FOLLOW-UP: ___1 MONTH ___2 MONTHS ___3 MONTHS ____OTHER

PATIENT: Ted Polanosky

DATE: 6-7-12

DIAGNOSIS:

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

Affectively more stable with resumption of Geodon. Continues impaired memory. Cat scan approval delayed. Need Cat scan to determine status of brain. Can no longer comprehend what he reads in paper. Thrush may be returning. Appetite remains poor but is eating. Weight remains stable. Chronic pain remains much the same. Implant's working same. Seeing image of chest in interview today.

MEDICATIONS:

FOLLOW-UP: ___1 MONTH ___2 MONTHS ___3 MONTHS __X__OTHER 3 wks

FRANK E. FORSTHOEFEL, M.D.
1415 Blanding Street, Suite 4
COLUMBIA, SC 29201

TELEPHONE (803) 779-7500

May 24, 2012

Preston F. McDaniel, Esquire
McDaniel Law Firm
1315 Elmwood Avenue
Columbia, SC 29201

RE: Ted Polansky

To Whom It May Concern:

It is my medical opinion that Mr. Polansky cannot do hours of psychological testing, due to his cognitive impairment.

Sincerely,

Frank E. Forsthoefel, M.D.

Frank E. Forsthoefel, M.D.

PATIENT: Ted Polansky

DATE: 5-24-12

DIAGNOSIS:

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

Since Geodon withdrawal pt has experienced return of anxiety and normal thought processes and worsened cognitive function and depression with no appetite. Cannot take Geodon & Diflucan. Observed clinical dementia since Geodon withdrawal. Will get CAT Scan. Since Geodon withdrawal he says that his concept of time has deteriorated continued chronic pain. Thrush has resulted with Diflucan will last dose Monday. Will resume Geodon.

MEDICATIONS:

FOLLOW-UP: __X__1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 4-19-12

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Continued deterioration of hrs memory to include inability to spell familiar names and inability to keep up reading papers and daily hours because of failure to comprehend what he is reading. Has not received Aricept from Walter Reed to represent Rysadyne. Also comprehension problems laying table down in area hygiene store care. Affected ability. Deterioration of organization in activities of daily living of even cleaning table. Cable hrs to visit mother

MEDICATIONS:

5/3/12 Gabapentin will discontinue because Diflucan will be prescribed for thrush

Gabapentin contractor & Thanks.

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS ___OTHER

PATIENT: Ted Polansky

DATE: 3-29-12

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
_X_90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Continued memory deterioration e/g. Child not remember ago. Difficulty retrieving date of birth. Will add Aricept 5mg po bid to Rozerdyne 5mg po tid. Checked e pharmacy at Capital and no conflicts. Continued issues e pain

MEDICATIONS:

FOLLOW-UP: _X_1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 3-8-12

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Recent memory of elements course in that cannot remember numbers to transfer from paper to telephone, inability to get through the paper with probable loss of interest and also recent loss of interest in television, loss of interest in classes which he had enjoyed. Will increase Reyadyne. Loss of interest in meal and paper work

MEDICATIONS:

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS ___OTHER

PATIENT: Ted Blansky

DATE: 3-1-12

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
___90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

PLAN

<Patient called, just discharged from hospital (collapsed lung)>

MEDICATIONS:

FOLLOW-UP: ___1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 2-2-12

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Recent discharge from hospital - Had pneumonia
Reports very stressed and depressed over food contentions
work at gasg and believes. Cop cy. Chron c pain no letters

MEDICATIONS:

FOLLOW-UP: √ 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 1-5-12

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Affect tearful today but stressors and E continue are quite an issue. Stressors and use that stimulator not working. PTSD also manageable

MEDICATIONS:

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polanski

DATE: 12-15-11

~~DIAGNOSIS:~~

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Continue small dose propranolol with migraine headaches 2-3 times week.
Has suspect glaucoma and accordingly can take Imitrex for migraines
with continued ophthalmology follow up

MEDICATIONS:

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS ___OTHER

PATIENT: Ted Polansky

DATE: 12-8-11

DIAGNOSIS: _____

_____

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
___90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

DNKA

MEDICATIONS:

_____ _____

_____ _____

_____ _____

FOLLOW-UP: ___1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 11-10-11

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
_X_90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Stressed out & cautionary pain syndrome post implant surgery- 5 surgical sites. Caregiver life style is heavy. frustrated re garage and ani schedules. Insomnia in part related to issues of old & present stress. Dry mouth in am. related probably to Trazodone. Basically stable.

MEDICATIONS:

FOLLOW-UP: _X_1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polanesky

DATE: 10-13-11

DIAGNOSIS: _____

_____

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
_✓_90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Patient returns from Colorado and successful implant & 5 leads for RSD with greatly reduced pain. Surgery was very successful and implant now in front in stomach area. Ted has now come down & Glucosa. Trunk is tender and irritated. Patient pain diagnosed but drug wean & good acceptance medication

MEDICATIONS:

_____ _____

_____ _____

_____ _____

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

FRANK E. FORSTHOEFEL, M.D.
1333 TAYLOR STREET, SUITE 4H
COLUMBIA, SC 29201
TELEPHONE (803) 779-7500

September 15, 2011

RE: Ted Polansky

To Whom It May Concern:

Mr. Ted Polansky is under my medical care. He will be traveling to Denver, Colorado, for medical treatment. It is medically necessary that he have an aisle seat on the right side of the plane. It is also medically necessary that Gale DuPois travel with him and be seated next to him during all flights.

Sincerely,

Frank E. Forsthoefel, M.D.

Frank E. Forsthoefel, M.D.

PATIENT: Ted Polansky

DATE: 9-15-11

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Affect labile with underlying despondency of a grieving nature as he anticipates loss of dog. Presents chronic pain & feels he may have to travel to Denver for new implant for RSD. Continues nervous nervously reflects - becomes confused as to where to get blood work done.

MEDICATIONS:

FOLLOW-UP: X 1 MONTH __2 MONTHS __3 MONTHS _____OTHER

FRANK E. FORSTHOEFEL, M.D.
1333 TAYLOR STREET, SUITE 4H
COLUMBIA, SC 29201
TELEPHONE (803) 779-7500

August 18, 2011

RE: Ted Polansky

To Whom It May Concern:

Mr. Ted Polansky has been under my psychiatric care for years and under the care of Dr. Riber for his reflex sympathetic dystrophy with chronic pain. Because of this pain syndrome, he is unable to sit for any extended period during his forthcoming psychological testing.

Sincerely,

Frank E. Forsthoefel M.D.

Frank E. Forsthoefel, M.D.

PATIENT: Ted Polonsky

DATE: 8-18-11

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
_X_90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Affect dull stable as he awaits implant surgery in Colorado next month. Continues major cognitive and memory deficits., Crisp clear, Good Range, Insight outside.

MEDICATIONS:

FOLLOW-UP: Y 1 MONTH ___2 MONTHS ___3 MONTHS ____OTHER

PATIENT: Ted Polansky

DATE: 7-14-11

DIAGNOSIS: _____

_____

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
_X_90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Minimal depression Awaiting X-ray book paces to Colorado visit. Wesley can memory re past memory of European trip. Stable

MEDICATIONS:

_____ _____

_____ _____

_____ _____

FOLLOW-UP: Y 1 MONTH ___2 MONTHS ___3 MONTHS ___OTHER

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

June 28, 2011

Preston F. McDaniel, Esquire
McDaniel law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

RE: Ted Polansky

Dear Mr. McDaniel:

In reply to your inquiry, first you are correct that in my April 5th report that when I refer to the fact that Mr. Polansky sustained a chemical encephalopathy at that time due to a drug-drug interaction with residual features to this day with a continuing neurocognitive deficits in the form of expressive and secondary aphasia, deficits in comprehension, attention span and recent memory that I was in fact stating that in my opinion he did sustain a physical brain injury as a result of encephalopathy.

Second, to restate my opinion, which I have held for many many years, it is my opinion to a reasonable degree of medical certainty that due to Mr. Polansky's condition, he is totally and permanently disabled from gainful employment in the workplace. I believe if you check my records you will find that I have previously stated that numerous times. I hope this answers your questions concerning Mr. Polansky.

Sincerely yours,

Frank E. Forsthoefel

Frank E. Forsthoefel, M.D.

FEF/kic

PATIENT: Ted Polansky

DATE: 6-23-11

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Remains much the same with reaching moderate disability depression aggravated by chronic pain. Will go to Colorado for upcoming surgery. Continued cognitive impairment; recent memory problems despite best efforts every day to improve concentration and memory of what he has read.

MEDICATIONS:

Has enough

FOLLOW-UP: Y 1 MONTH ___2 MONTHS ___3 MONTHS ___OTHER

PATIENT: Ted Polansky

DATE: 5-26-11

DIAGNOSIS: _____

_____

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

Reviews much the same. Same depression. Feels moderate & evaluates Ambien + Trazone 150-300. Notes alertness & Ambien QD. Not as functional as he would like to be. Hypersomnia returns. Persistent chronic pain

MEDICATIONS:

_____ _____

_____ _____

_____ _____

FOLLOW-UP: ✓ 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

11/05

P.

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

April 5, 2011

Preston F. McDaniel, Esquire
McDaniel law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

RE: Ted Polansky

Dear Mr. McDaniel:

I appreciate the re-evaluation report of Dr. A. Rainwater, III, as to Mr. Ted Polansky's mental state. In the report, Dr. Rainwater finds "the absence of significant psychometric changes in the patient's test-retest data logically supports the conclusion that the patient's current neurocognitive changes do represent a decline in brain function secondary to the drug-drug interaction encephalopathy."

Dr. Rainwater's findings are supportive of my own findings as to the mental state of Mr. Ted Polansky just prior to and during his hospitalization of 2002. My findings at that time was a precipitous decline in his mental states to total confusion approaching delirium secondary to the drug-drug interaction affecting his brain. He was totally disoriented with expressive aphasia that continues to this day. Further, in the hospital, he demonstrates swelling of his extremities and face with elevated liver enzymes. Neurological testing by Dr. Julian Adams in the hospital supported a chemical encephalopathy due to drug-drug interaction. These findings of Dr. Rainwater, Dr. Adams, and of my own are such that it is my very strong opinion that Mr. Ted Polanski sustained a chemical encephalopathy at that time due to a drug-drug interaction with residual features to this day with continuing neurocognitive deficits in the form of expressive and secondary aphasia, deficits in comprehension, attention span, and recent memory.

Sincerely yours,

Frank E Forsthoefel MD

Frank E. Forsthoefel, M.D.

PATIENT: Ted Polansky

DATE: 4-26-11

DIAGNOSIS:

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

Continued chronic pain and chronic depression with some with withdrawal. No change in appetite nor SI. Not taking Lunesta Provigil in part when he is apt to be more tired and with chronic upset stomach. W.C. pending has to Dr. & referred to physician who has little knowledge in stimulators.

MEDICATIONS:

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS ____OTHER

PATIENT: Ted Blansky

DATE: 3-31-11

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
_X_90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Discussed increase in loss of interest in addition to usual concentration and memory problems. Disappointed for reasons unlikely to C.C. desire to send this locally is Sabbat for procedure rather than to Educate since the specialist has an established track record.

MEDICATIONS:

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

March 3, 2011

Preston F. McDaniel, Esquire
McDaniel law Firm
1315 Elmwood Avenue
Columbia, South Carolina 29201

RE: Ted Polansky

Dear Mr. McDaniel:

I understand that Mr. Ted Polansky can be re-evaluated in Colorado for his Sympathetic Reflex Dystrophy. Because of his intractable confusion, with severe comprehension and recent memory difficulties he would be at risk if he went alone. I am recommending that his significant other, Mr. Gail Dubose, accompany him on this trip.

Sincerely yours,

Frank E. Forsthoefel

Frank E. Forsthoefel, M.D.

PATIENT: Ted Polinsky

DATE: 3-3-11

DIAGNOSIS: _____

_____

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

3-3-11 Stable affect and limited content expression and memory deficits re recalling three comic strips and even smaller tidbits such as repeating contents on copies. Dr. Ramirez to re-evaluate

MEDICATIONS:

_____ _____

_____ _____

_____ _____

FOLLOW-UP: __X__1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 2-3-11

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
_Y_90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Mare impaired comprehension and memory. Did not know name of month was what part of month, it was. No deterioration in depression nor worsened voices. Discussed how pain may interfere with compliance, attention span. Still problems getting stimulator implant in Colorado

MEDICATIONS:

FOLLOW-UP: _Y_1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 1-6-11

DIAGNOSIS:

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
____90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

D NKA

MEDICATIONS:

PATIENT: Ted Polansky

DATE: 12-9-10

~~DIAGNOSIS:~~

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

12-9-10 Depressed secondary to overstimulation and feels self unable to please wife as they transit Disneyland. Recent anxiety for electric pool but recent sequential memory was excellent.

MEDICATIONS:

Has enough

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS ___OTHER

PATIENT: Ted Polinsky

DATE: 11-11-10

DIAGNOSIS: _____

_____

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

Affectively stable. Working on live frustrations with assertiveness + expressive aphasia
Very aphasic under stress

MEDICATIONS:

Has enough

FOLLOW-UP: _x_ 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polmusky

DATE: 10-14-10

~~DIAGNOSIS:~~

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Daily letter after conference w Gayle. Gayle has reduced expectations of her memory capabilities

MEDICATIONS:

Provigil 200 mg tab # 60 Rfx 3

Geodon 60 mg tab # 60 x 3

Cymbalta 60 mg tab # 30 x 3 <TAKING 1 BID>

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS ___OTHER

PATIENT: Ted Polansky

DATE: 9-16-10

DIAGNOSIS: _____

_____

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
_X_90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

9-16-10 Met & Gaye, Ted about many problems, reaching out so that these expectations are on the same plate. Normal appearance.

MEDICATIONS:

Has ought

FOLLOW-UP: _X_1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 8-12-10

DIAGNOSIS: _____

_____

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__Y__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

8-12-10 Stable but feels manager does not understand and that Gayle is frustrated with expectations he cannot meet.

MEDICATIONS:

Has enough

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 7-22-10

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
✓ 90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Mare subclinical dependent x 3 weeks with associated withdrawal, impaired concentration, memory + sense of time, with associated negative dreams. Some self neglect. On mood stabilizer and Wellbutrin. Will increase Lamictal to 300 qd. No precipitating factors. Morphine mood changes

MEDICATIONS:

Provigil 200 1 tbd #60 Rfx3 — Geodon 60 1 bid #60 Rfx3

Lamictal 100 1 tid or 150 1 bid #90 Rfx3

Cymbalta 60 1 bid #60 Rfx3

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS ___OTHER

PATIENT: Ted Polinsky

DATE: 6-24-10

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
✓ 90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Dog week with memory tasks & Eagle. Mg go to Denver for implant surgery
Depression minimal and manageable. Do not believe investigative work into childhood abuse indicated.

MEDICATIONS:

Prozac 20mg tbs #60 x5

Ambien CR 12.5 hs #30 x5

Lamictal 200mg tbs #30 x5

FOLLOW-UP: ✓ 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 5-20-10

DIAGNOSIS: _____

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

Pam feeling well. Ay depression is manageable. Dr Rubin has pat pain implant and now exploring new pain management program. Discuss improving lifestyle skills with commute. Given to Ted + Gale some ideas to help avoid abdominal

MEDICATIONS:

Has Rx

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS ____OTHER

PATIENT: Ted Polansky

DATE: 4-29-10

DIAGNOSIS: _____

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

Continued depression and chronic pain. Accepts limitations but the limitations make him unhappy as unable to work, commute, manage money. Got more detailed work history for disability purposes to do my medical opinion.

MEDICATIONS:

Wellbutrin XL 150 #90 1 po qam RFx5

Trazadone 150mg #60 1 po hs RFx5

Rozadyne ER 16 mg #30 1 po qd RFx5

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 4-1-10

DIAGNOSIS:

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

4-1-10 Reviews much done. Good mood No stress difficulties. Continue cognitive experiment keep track & Razadyne

MEDICATIONS:

Empty

FOLLOW-UP: __X__1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 3-4-10

DIAGNOSIS:

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

3/4/10 Has depressed on Cymbalta. Discussed importance of staying organized and increasing his organizational skills. Drug free 3 accidents

MEDICATIONS:

Has emph

FOLLOW-UP: __Y__1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 2-4-10

DIAGNOSIS:

___90801:INITIAL EVALUATION
___90807:45-60 INDIV. PSYCH.
___90805:20-30 INDIV. PSYCH.
___90862:MEDICATION MNGMT

Affectively stable but still has depressive episodes triggered by frustrations. Will also get disabling depression & anxiety, feelings of worthlessness. Has coped strongly with issues of wealth. Will increase Cymbalta to 60 mg qd.

MEDICATIONS:

Geodon 60 #60 1 bid RFx3

Cymbalta 60 #60 1 bid RFx3

FOLLOW-UP: Y 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 1-7-10

DIAGNOSIS:

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

1-7-10 Affect very stable but fluctuating depression depending on situations and pain factors will get update tomorrow with Dr. Ross.

MEDICATIONS:

Ambien CR 12.5 #30 1 hs #30 Rfx5

Lamictal 200, #30 1 qd #30 x5

Has enough

FOLLOW-UP: __Y__1 MONTH ____2 MONTHS ____3 MONTHS _____OTHER

PATIENT: Ted Polansky

DATE: 12-3-09

DIAGNOSIS: _____

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
✓ 90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

Depression continues. Patient already taking 60 mg Cymbalta before increase last time. Has stayed at 60 mg for with go to 90 mg Cymbalta. Will add Trazadone for intractable insomnia. Does have paresthesia & lacks only few minutes. Able to ambulate self. RSD pain appears somewhat abat. Pt. Relief to perform procedure tomorrow

MEDICATIONS:

Cymbalta 60 mg qd Has enough — Has enough other

Cymbalta 30 mg # 30 1 qd RFx5 — Lamictal 200 qd Has enough

Trazadone 150 1 or ½ hs # 60 RFx5 — Adderall 12.5 Has enough

FOLLOW-UP: ✓1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

12/29/09: Rx - Provigil 200mg #60 1 BID Rx5 - Publix #407-2632

PATIENT: Ted Polansky

DATE: 11-12-09

DIAGNOSIS:

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
__X__90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

11-12-09 Depressed but effectively stable. Discussed various problems in comprehensive remedy and appropriate options as basis of monitoring

MEDICATIONS:

↑ Cymbalta 60 # 30 1 po qam Rfx5 ____ Geodon 60 # 60 1 po qhs Rfx5

Lamictal 100, # 60 1 po qhs Rfx5 ____ Ambien CR 12.5, # 30 1 po qhs Rfx5

Wellbutrin 450, # 30 1 po qam Rfx5 ____ Provigil 200, # 30 1 po qam Rfx5

RTC and yag 12.n.g THS Rx5#30

FOLLOW-UP: __X__1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

Publix
#407-2632

PATIENT: Ted Polansky

DATE: 10-15-09

DIAGNOSIS: Anx & Psychosis (NOS)

____90801:INITIAL EVALUATION
____90807:45-60 INDIV. PSYCH.
X 90805:20-30 INDIV. PSYCH.
____90862:MEDICATION MNGMT

10-15-09 Pt was very depressed & disheveled and also cognitive functioning has deteriorated.

MEDICATIONS:

FOLLOW-UP: X 1 MONTH ___2 MONTHS ___3 MONTHS _____OTHER

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PATIENT NAME: Ted Polonsky

DOB: 4-7-57

DATE	PROGRESS NOTE
5-13-04	Acute pain in both shoulders XT rec E facial injections regarding pain syndrome + Jalyn Rx was injected bilat E increased effective pain relief interest. decreased images + stable mood E increased Rx added.
5-20-04	No bilateral bursitis. Trigger very arranged a some trapezial blocking. Pain in both shoulders remains diagnostic problem c Dr Rios - pain is debilitating.
5-25-04	Much more subdued, inattentive, amotivated compared to past visits. These are secondary symptoms of his schizoaffective schizophrenia Currently. Hyland + Lewis studies seem here today Lithium + since there are concerns about toxicity.
6-3-04	Pain much more subdued due to increased trapezius trigger point that has yet to be evaluated No changes voices. Speech continues to be focused Affect flat. Cardiac status remains seriously impaired.
6-7-04	Faxed copy of OSC notes for 703 to present to Katie c Preston McDaniels OC @ 252-0709

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PATIENT NAME: Ted Polonsky

DOB: 4-2-57

DATE	PROGRESS NOTE
3-04	faxed copy of ROS to Jeanne Board @ 3456627
3-17-04	Much more alert, motivated + energized with decrease Cogentin + that these meds are good to give + not Ha. Also has taken Percocet only as needed
3-18-04	Bryllen. Nurse attentive. Improved recently probably due to Risperdal. Heavy voices over the Ha No mood swings
3-19-04	Sent copy of records for 9/03 to present to Freeburg Khor-Gould C.SAT
4-6-04	He feels depressed & V apathetic, empty, withdrawn + preoccupied. Pain has increased without any triggers and after surgery so very weak. Pressure points to 20 above
4-15-04	No psychotic voices, images but [illegible] depressed with low energy, interest & concentration + memory problems consistent schizoaffective schizophrenia
4-22-04	Thinks more organized & improved concentration + memory. Affect stable - less depression. Compliant less images. More functional.
4-29-04	Continued stability + coherence. Stable to overuse Stelazine contributing & overmedication Will keep necessary present as maybe has symptom schizoaffective schizophrenia will increase Risperdal to 4 mg/d
5-6-04	Improved affect upon in areas of interest with increased Risperdal P. [illegible] many of his schizophrenic illness remains poor.

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PATIENT NAME: Ted Polanski

DOB: 4-7-57

DATE	PROGRESS NOTE
1-20-04	Rescheduled
2-3-04	Rescheduled
2-4-04	Faxed dc notes to Jeanne Beard @3456627
2-10-04	DWA Telephone Appt: Patient no longer confused due to non-compliance, change in pain medications. Still pressured speech, racing thoughts & decreased concentration & memory problem. Depression much less. Now rational. Stays to self. Denies any SI or HI. Agrees to appt. & no need telephone appt.
2-19-04	Both less confused, organized, functional & more cognizant overall. Very cheerful & animated expression of the face. Medication compliant. Pain under
2-26-04	Stable but overmedicated with Percocet. Early am and bedtime at 10 am per pain contract. Plan: Discuss too dependent on hydrocodone other. Decreased these doses & told him to talk to Dr. Robles about pain meds.
3-4-04	Continued docs-medication as am. Better & discontinuation of Percocet qid & increased pain but clearer mentation during day & Percocet. Will discontinue am dose & take remaining dose as needed morning dose on bed pm. All medications reviewed. Appears brighter & more alert with little obvious depression. He will continue med changes & Dr. Robles.

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PATIENT NAME: Ted Polarsky

DOB: 4-7-57

DATE	PROGRESS NOTE
1-6-03	Stable. Works on memory setting + imparts of structured environment + persists with good interest to continue to increase setting
1-13-03	Stable. More cohesive & brighter affect + more interest + better organization since Risperdal has been begun confirming diagnosis of schizoaffective schizophrenia
2-4-03	Proceed out after Carbatrol top & increase, assess, increased care + increase problem & changes Increase Risperdal to 1½ po bid. His stress intolerance also started causing a problem at the end of increased dosage & fatigue. This stress intolerance has been a part of everyday life in past & to compatibles with his current diagnosis of schizoaffective schizophrenia
2-17-03	Dose amended - not as bad in increased Risperdal. Answers fatigued, fatigued bad. Will ask Dr. Hobbs for end of Sept. Stable
2-18-03	More interested & improved recent memory Increase Risperdal to 1½ po hs Day much better
2-3-03	Some pressured speech bad only coherent. Focused & energized in interview situation. Continue on meds, set exams, especially on area to be tested in ...
1-15-04	Some pressured speech & some flat affect but more focused, organized. Moods stable - some outbursts concentration & memory continue to be areas of impairment. Loss images. Continue Seroquel 200 bid, increase Risperdal 1½ bid & continue Effexor 450 qd. + Ambien 10-20 hs, Celexa 20 qd

Dr. Robinowitz Neurontin 300 tid
Strattera 40 qd
1882 Topamax 200 qd
P. 2/2 Ambien 10 mg qhs 73 kg

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PATIENT NAME: Ted Polansky

DOB: 4-7-57

DATE	PROGRESS NOTE
9-18-03	Subdued, depressed but organized. No increase in urges. Slow pressured speech. Occasional disjunction 2° to decreased Serpine + increased hypomanic episodes/exuberance. Increase Serpine to 100 bid
10-2-03	Moods more even. Needs (quality) more regular. Attention span + relevant thought processes seem to be better but distractible. Does not exercise cycled over last status. Discussed habits of maintaining attention span going to take a dressy break.
10-6-03	faxed copy of OC notes for 9/03 to present to Jeanne Beard @ 3156627
10-9-03	Recent memory loss much worse & confusion. Will get CAT and neuropsych testing w/ Dr. Sloan. More depressed, in bed & self neglect.
10-23-03	Affect labile to wide depression & euphoria, memory, concentration, amenability, loss of interest, impulsive & schizophrenic condition. Recently psychological testing by Dr. Sloan to rule out organic. Already depressed with minor memory problems. Needs to limit office visit to 1 per 01. Stress of poor appetite + deterioration of OCD defenses + stress of job loss triggers psychotic deterioration & confusion, schizoaffective disorder
10-31-03	faxed copy of OC note to Jeanne Beard, RN

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PATIENT NAME: Ted Polansky

DOB: 4-7-57

DATE	PROGRESS NOTE
7-31-03	Non-compliant on Bed irregular sleep with increased depression, anxiety, concentration problems & hypersomnolence. He failed to increase Sedzone as of last visit. Recurrence of nervous & restless images. Begin again Respiridal 1 mg qhs + return to Sedzone 300 mg. Hasten on Lithium 900 mg
8-7-03	Persists depression with concentration, memory problems, assembly procedures. Has gotten married as he forgetful. Is motivated
8-14-03	Overwhelmed state & hypersomnolence. Forgetfulness, anxiety. Patient forgetful about some words. Discomfort tolerated. Reduce Sedzone to 100 mg qhs
8-21-03	Manic & pressured speech. Feels anxious 2° to reduced Sedzone. Not as sleepy. Some racing depressive symptoms. Feeling tired. Will try Depakote to slow down thoughts
8-28-03	Continued manic, pressured speech + racing thoughts. Forgetfulness. More purposeful. Has good appetite
9-5-03	Continued racing thoughts, pressured speech & distractedness / memory problems. Add Depakote ER to Lithium. Needs family for depression
9-8-03	90 day 2003 Doc notes sent to mailing chart-Gowda FL SAF (2)
9-12-03	Stable good mood & flat affect, pressured speech. Compliant & meds. Discussed options personal organization to improve concentration issues

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PATIENT NAME: Ted Polonsky

DOB: 4-7-57

DATE	PROGRESS NOTE
5-24-03	Stable. Fairly depressed & anxious but still has improved interest level in home etc but no interest in eating & happy for food and cooking for himself
6-5-03	Stable. Same depression but more interested involved & purposeful. Hole focused Cogitant
6-12-03	Stable but has been physically stressed & fatigue. Has not restored self. Persistent anxiety, apath & ambivalence & continued mood swings
6-19-03	Stable. Continued improved interest & dietary appeals. Better appetite. Still appears flat & subdued
6-26-03	Stable. Sleeps & Tessa will reduce Lithium & Sejour
7-3-03	More alert, organized, purposeful with decreased Lithium & Sejour. Moods more even. Not obsessive as much
7-10-03	Improved interest level but little energy due to weather & condition. Much more alert & focused in conversation
7-17-03	Much better. More interested in various areas & sustained interest less depressed. More focused & brighter
7-24-03	More impressed when he cut back on Sejour from 300 to 200 qd. Much less anxiety & ruminations

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PATIENT NAME: Ted Robosky

DOB: 4-7-57

DATE	PROGRESS NOTE
4-4-03	Reduced c low energy, depression, daytime c unopposed dopa, improved dull c lucid times. May be hypotensive.
4-14-03	Patient was talked to over telephone since because of doubles, prefers sweaty c not sweaty he was unable to come to the interview
4-28-03	Both c greater pain relief c less sweatiness, improved appetite. Bradykinesia more easy. Continue to experience nasal thuds, afternoon fatigue but less wings in pm and evening
5-1-03	More pain relief c successful implant. Hands much improved according to self c good freeze dopa pain energy motivation. Salty c sweaty flares as happens c basis. Some pressured speech with scattered thoughts. Still sleeps awhile c eating in sleep. Call by Patient re: Rx Requip
5-5-03	Affectively stable with less scattered thoughts (more focused) with greater interest base but still no energy. Improved diet. No dizziness
5-12-03	Faxed copy of current Rx notes to Jeanne Beard @ 3456627
5-22-03	Low grade energy, apathy but no manic pressured speech, scattered thinking. Not eating as much. Bad dreams interrupt sleep c eating & then sleep without benefit of nocturnal eating

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PATIENT NAME: Ted Rolanski

DOB: 4-7-57

DATE	PROGRESS NOTE
2-19-03	DUI
3-2-03	Does manic this one over more cohesive. No obvious depression. Considerable problems attributed to some involuntary jerky which may be benign related. Discontinue Geodon + observe. Continue problems nightmares of abuse over late afternoon reversal images of boys. Manic cycle ends & manic exhaustion with images, fatigue and deep sleep for couple hours
3-2-03	Faxed copy of DC notes from 2001 to present to Kari @ Preston McDaniels @ 2520109
3-27-03	No further jerky or involuntary tremors. Moods more stable. Not hypomanic today. Thoughts more organized. Speech more clear pressure. Sleepy, plot & sleep apathy - etiology?
4-3-03	Faxed copy of current DC notes to Deanne Record @ (803)3456627
4-3-03	Continued remission some thought pressured speech, hallucinations. Continue unexplained fatigue, sleepiness despite normal meds.

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PATIENT NAME: Ted Polanski

DOB: 4-7-57

DATE	PROGRESS NOTE
3-19-03	DUKE
3-21-03	Less severe than an ever made sickness. No obvious depression. Could also be probable alcoholism and some involuntary injury which may be seizure related. Discontinue Geodon + observe. Continued probable nightmares of abuse and also aftereffects normal images of boys. Some cycle ends to some extent and then aftereffects depression with images, fatigue and deep sleep for couple hours
3-21-03	Faxed copy of ER notes from 2001 to Present to Ken @ Preston McDaniels @ 2500709

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PATIENT NAME: Ted Polarsky

DOB: 4-7-57

DATE	PROGRESS NOTE
2-27-03	Pt. seen with relatives present. Still has images of boys. Believes Neurontin side effects additive to other side effects especially depression of nausea-depression
3-6-03	Pt. seen, cohesive & improved despite off of Ativan & some Neurontin. Pt. was fatigued due to many meds, chronic pain & depression
3-13-03	Pt. seen much more alert with elimination of one Ativan & reducing Seroquel to 300 q pm. Pt. has clear history of cohesive events from 9 am to 2 pm with late afternoon deterioration & fatigue with racing thoughts, pressured speech, distractedness, forgetfulness, witnessed phobias, with images, voices, murderous, instability. Pt. with mixed manic-depressive symptoms definitely worse after 2-3 pm. Adderall to be taken at 12 noon, and evening + advise use in late afternoon to get rid of fatigue. Continue Seroquel 300 qd. Celexa 40 qd + Lithium. Possible double vision + coordination problems may be Neurontin related.
3-13-03	faxed copy of Dr. notes to Jeanne Beard, RN @ 3456627 for Dr. to present
3-13-03	faxed copy of Dr. notes & med sheets to Dr. Ezra Ribor @(803)779-3307

MAR-22-2003 02:16 AM DR.FORSTHOEFEL

Frank E. Forsthoefel, M.D.
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PATIENT NAME: Ted Polaneq

DOB: 4-7-57

DATE	PROGRESS NOTE
12-19-02	Stable. Continued low grade depression but more upset re same issues. Will go to every 2 weeks. Compliant
12-19-02	Sent copy of DC notes from Visit to present & Statement to meeting Knox-Gould @ SAFE and copy to Jeanne Beard
1-13-03	Stable. Continues uncomfortableness + moves to depressed state & sleep walking and drowsy. Pt's efforts to work and sustain abuse issues that trigger more dysphoric depressive issues
1-22-03	Psychodrama
1-30-03	Extrapyramidal disorder, mild parkinsonism - probably lithium toxic. Told to stop lithium & get STAT lithium electrolytes - probably dehydration - more depressive withdrawn & some daytime voices
2-5-03	More depressed & lethargic, fatigue/drowsy 2° untreated pain issues explored not ready to work
2-12-03	Phone
2-14-03	Recurrent visual + AV auditory hallucinations stemming from worsened depression and worsened chronic pain. Begin Oxycodone 80 mg bid observe
2-19-03	Continued untreated depression & psychotic features, compliance and secondary to untreated pain.

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PATIENT NAME: Ed Polansky

DOB: 4-7-57

DATE	PROGRESS NOTE
10-3-02	Lithium has definitely erased out his sweetness & good spirits but continues disinterest in jobs & decreased sensitivity, mostly as old areas of interest
10-10-02	Affectively stable. Works on future and destructive abuse issues
10-15-02	copy of Dr. notes up-to-date faxed to Jeanne Beard @ (803) 345-6627
10-17-02	Affectively stable and even bubbles & more energy & productivity
10-24-02	cancelled
10-31-02	Depressed & loss of interest, negative thoughts about life. Increase Zoloft & Celexa
11-7-02	Here interrupted no many things with less depression with increased Celexa & Zoloft
11-14-02	Acute Lithium toxicity with dehydration. Symptoms diarrhea, incoordination, slurred speech. Reduce Lithium - toxicity has disappeared. Continue Zoloft 450 qd only
11-21-02	Continues depression with apathy, disinterest. Will add Seroquel 100-200 qd to Celexa, Zoloft
12-5-02	Stable, lethargic but personality issues trapped depression of his Bipolar Disorder. Continues to let people take advantage of him, other self-stop for Bipolar Depression
12-12-02	Reschedule

DEC. 12. 2003 12:17 PM DR FORSTHOEFEL 8032564470 P.05

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PATIENT NAME: Ted Polonsky

DOB: 4-7-57

DATE	PROGRESS NOTE
7-2-02	Subdued with low grade depression because of unresolved expectations & disappointment as to bilateral implants. Has hoped would get less pain but increased function & less which has not been achieved. Discussed continuing medications + going forward
7-17-02	Subdued but not particularly depressed. Feels good about pain relief of implant. Moods fairly stable
7-19-02	Much less depressed & greater sense of purpose + enjoyment of life. Has signed up for Cinquale Cookie. Moods even. Pain relief is good
7-25-02	Stable. In good spirits + even moods. Worthy forward to trip. Did not remember words of yesterday's session. Good pain control.
8-8-02	Stable. Looks brighter with improved self esteem not as concerned. Moods stable
8-15-02	Affect broad stable. Working on acceptance issue of "Insecure friend."
8-22-02	Affect broad stable but remains some depressed mood or sense of injury. Able to say no to others to some degree
8-30-02	Stable. Day made for self injury self made. Moods stable
9-17-02	Stable. Trigger trip despite physical limitations

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PATIENT NAME: Ted Polansky

DOB: 4-7-57

DATE	PROGRESS NOTE
5-30-02	Bright. Not focused. Thoughts not racing. Received a little better. Will get MRI - continue double vision. Take Lotrimin.
6-6-02	Again appears bright & made cohesive. Thoughts not racing. No pressured speech. Does not appear depressed. Believe Lotrimin has slowed him down. May be having some anti-depressant value. Exhausted MRI negative for pituitary tumor. Continued double vision & fatigue & headache unappreciated.
6-7-02	Faxed copy of Dr notes to Jeanne Beard, RN (STAT 607)
6-13-02	Again appears bright; made cohesive & no racing thoughts & better thought organization. Seems more interested in things & does remember when he interest is over. Not interested in racing whose recall is poor. Another virtual tomorrow.
6-19-02	Has gotten debates under & good relief & good feelings. Again has depression & made enthusiastic about things are day at a time. Got also feels Lotrimin has helped considerably with his depression & mood stability.
6-27-02	Nerves continue to do over with Estrace with decreased depression & increased interest. Pain implants working.
6-28-02	Copy of Dr notes from 3-8-02 to present sent to medical Knowledge STAT and copy to Jeanne Beard

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PATIENT NAME: Ted Polansky

DOB: 4-7-57

DATE	PROGRESS NOTE
5302	copy of records 7/01 to present sent to martha Spangler LSCW
5402	Will increase Trilipix to 300 bid, patient wants antidepressant even depressed. No further worry thoughts processed speech. Will avoid caffeine for depression. Continue breast + nipple tenderness both normal Prolactin level. Continue cephalexin, recurring problem biopsy what are nipple discharge + continue headaches (migraine) clomid review. Discussed w Dr. Huffman will order another CAT Scan + speech dictation to Dr. Forsthoefel
5602	No heavy thoughts now anymore. Some depression + little interest, motivation + probably impaired cognitive functioning. Double vision, nipple tenderness. Continue as well as headache will get CAT-Scan-pituitary area to rule out tumor. Continue caffeine for depression of Bipolar Disorder
5802	Patient clearly Bipolar depressive + amotivation with decreased work activity, drank getting up + even self neglect. Will add Lithium Eskalith 450 QD get discontinue Trilipix + maintain caffeine 2 cups. This Bipolar depression may be responsible always not for his cognitive deficits. Chronic is major, basic cognitive now clearly depressive he has cognitive deficits

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Columbia, SC 29201
(803)256-2748

PATIENT NAME: Ted Polarsky

DOB: 4-7-50

DATE	PROGRESS NOTE
3-29-02	Brighter. More animated - Very pleased & pain implant & relief of pain. Stable. No acute med comp.
4-5-02	Stable - Has good spirits. Has missed some doses of meds & some memory loss & distraction. Discussed importance of regular dosing.
4-11-02	Experiencing memory problems secondary to severe HA of recent - Probably heavy side effects to Depakote & breast + nipple tenderness, enlargement, occasional diarrhea resolved + clearness of vision. Still discontinue Depakote, observe + probably begin Trileptal for mania. Pain implant has been disconnected & removed RSD pain.
4-15-02	Less manic today although yesterday had one 4 hr period of manic high & with reading to obsessions, anxious pain. Continued Int. Lessened nipple + breast tenderness with d/c Depakote and Depakote substitute possible. Continued discharge plans.
4-22-02	Pressured speech, racing thoughts less as well as continued stability. Reviewed substitute with some depression. Controllable pain relief. Taking one day at a time. Taking Trileptal for mood stability of Bipolar Condition.
4-26-02	Faxed copy of D/C notes for 202 to Dr. Forsthoefel to Jeanne Beard RN
5-2-02	Less pressured & more organized thoughts. Focused in structured interviews with some wandering which is probably greater at home in unstructured environment where there is more flight of ideas, racing circumstance, memory and comprehension problems. Moods appear more stable. Success Trileptal to 300 bid

Frank E. Forsthoefel, M.D.
1333 Taylor St., Suite 3F
Columbia, SC 29201
(803)256-2748

PATIENT NAME: Ted Polansky

DOB: 4-7-57

DATE	PROGRESS NOTE
1-31-02	Helping self more. Now taking Clomipramine for OCD. Continued attention span and recent memory deficits. Requires re-evaluation
2-7-02	More positive, less anxious & a little less OCD & confused
2-14-02	Recurrent visual auditory hallucinations, confusion, anxious 2° stress - Begin Zyprexa 10 mg
2-21-02	Continued cognitive deterioration & continued visual, auditory hallucinations, paranoia over more incoherent speech under stress. Continue memory + reading problems. Admit to hospital for more intense comprehensive treatment
2-28-02	Sent copy of notes from 1/02 to present to Joanne Board + copy to medical Dir - Gould @ SAF
3-12-02	More & more lucid, pressured speech, euphoria will get Depakote level & increase Depakote to 500 qhs.
3-15-02	Sent copy of DC notes to Claude Jackson, Jr. @ SAF (for billing)
3-19-02	Doing well since pain implant. Appears happier about better pain control. Good cognitive functioning.

MAR-22-2002 02:19 AM DR FORSTHOEFEL 8032564470 P.10

Frank E. Forsthoefel, M.D.
1333 Taylor St., Suite 3F
Columbia, SC 29201
(803)256-2748

PATIENT NAME: Ted Polansky

DOB: 4-7-57

DATE	PROGRESS NOTE
12-2001	Stable. Not as depressed as he has been but he needs. Tx plan: follow up. Denies suicidal obsessions - compulsions but we rule bipolar mood swings
2-27-01	Stable. Again not as depressed as he has been to exam on mood fluctuations, issues & greater self assertion, better boundaries. Increase Wellbutrin to 100 qd
3-02	marked by OC
4-02	Appears less depressed as he accepts unplanned pregnancy, expresses some relief & gladness control issues. Tolerating pills. Still seems very depressed but with less day to day tearfulness and mood lability or suicidal ideation. Now taking Wellbutrin SR 200 qd & Effexor XR 75 bid. Tx of depression not substantially has a month with discontinuation & relapse. Second anti-depressant. Reviewed importance of taking meds.
4-02	90 day OC notes UCD sent to Jeanne Board-CAT and copy to medical Council (ESP)
7-02	Continues OCD interfering & self esteem & depression. Will begin Anafranil.
8-02	Working on OCD and hopefulness. Continued depressed mood & to read. Explored insurance & Katrina issues. Discusses with Dr Board.

Frank E. Forsthoefel, M.D.
1333 Taylor St., Suite 3F
Columbia, SC 29201
(803)256-2748

PATIENT NAME: Ted Polarsky

DOB: 4-7-57

DATE	PROGRESS NOTE
10-16-01	Affectively stable despite continuing abuse of injury & tears & jobless loss of house of people beyond his control & attendant anger and hopelessness recall of childhood abuse. Explore about nausea & sleep & bowel spasms & close to his body. Discussion implant, chronic pain expectations.
10-30-01	Very depressed without energy for anything. Discussion will - Refuses to see self & future. Denies suicidal ideation but & do not believe him - will see weekly.
11-8-01	Less depressed. Copy letter - one day at a time. Discussed implant and its necessity to live. Stable.
11-15-01	Continues serious depression with anhedonia & not eating. Stress overlay taking care of him aggravates depression & chronic pain. Getting ready for implant. Does have suicidal ideation. Discussed unmet needs & the care of self as priority over compulsion to take care of others & maintain self esteem. Will follow very confused
11-26-01	A little less depressed as he reaches out to girlfriend & father fighting feelings of despair & loneliness. Discussing need change. Anxiety implant.
12-6-01	A little less depressed as he faces limitations & better acceptance. Getting on with therapeutic implant.
12-14-01	Again a little less depressed as he takes care of self better and not allowing others to manipulate him. Discussing implant and future.

MAR-22-2003 02:20 AM DR FORSTHOEFEL 8032564470 P.12

Frank E. Forsthoefel, M.D.
1333 Taylor St., Suite 3F
Columbia, SC 29201
(803)256-2748

PATIENT NAME: Ted Polansky

DOB: 4-7-57

DATE	PROGRESS NOTE
8-2001	copy of Dr. notes sent to Fonne Beard-Case mgr.
8-3-01	Depressed + withdrawn from close ones with admitted denial that he cannot be what he wanted to be. Cannot not speak at retirement luncheon. Continued flight of ideas. Has not been compliant. Continue wellbutrin. Effexor tid, Depakote tid + Depakote level will be obtained. Not suicidal
9-7-01	Depressed over loss of ability to do for himself + girlfriend. Stable. Awaiting stimulator implant
9-13-01	Less depressed as he wanted control over different life situations. Discussed image + change image of self as relative to events and spinal cord stimulators.
9-18-01	Minds stable. Discussed concussion + evaluation by Dr. Ramsden in Florence before and after implant. He agrees to work & Dr. Ramsden who will coordinate efforts & Dr. Reid + me.
10-1-01	Moods continue to be dominated by sense of continuing injury - remains depressed. Has passive dependent abuse issues. Feels how up to be rejected + treated indifferent with retaliation pas + depressive
10-8-01	Sent copy of Dr notes to meeting for Board @ State Accident Fund
10-8-01	DICA

FRANK E. FORSTHOEFEL, M.D.

Patient's Name: Ted Polansky DOB: 4-7-57

DATE	PROGRESS NOTES
2501	Sent copy of records to matt woolsey @ SCVR
3701	DNICA
2901	Stable. No further confusion & images, paranoia secondary to medications
901	Stable. No further images, confabulation problem secondary to medications. Continued means to relax mood swings, obsessive trends, insomnia, pressured speech but stable
1601	Stable with hypomania & pressured speech, impulsive buying - fighting some depression. Will try Desyrel with Ambien to sleep. No confusion but attention span remains V.
2501	Stable. Not as manic with Depakote level at 52 with Depakote ER 1000 mg Axid reaction to Desyrel. Will reduce Depakote to 1000 gel because of possible side effects & reduce Wellbutrin to 200 gel. Looks much better again.
2301	Stable. Pleasant & cohesive as interviewed today. No obvious psychotic symptoms. Not as manic today as he was as pressured.
1701	Stable but anxious about control issues as to increase on last day of work. Anxious but in control with variable rate of speech. Basically feeling good
4701	Stable but continued ambivalently to leave and to being insecure many weeks of farewell luncheon in which his fears depressions would be in attendance & has use of Ativan as treatment. Discussion not going to planned farewell luncheon & option to hold his own farewell luncheon. Discussed pain control - use of spinal cord stimulator & counseling - will talk with Dr. Peters

Tea Rec. Received 8/8/01

Psychiatric Consultation: 10/10 - 10/15/2001 Dr. Ramirez

Tea Rec Psych Hosp 2/16/01 Fastwick

Bipolar Dep (new psychotic)
& Obsessive Personality

3/01 pressured speech
racing thoughts, increased

4/6/01 Received Diagnosis Bipolar Dep (Dep Neuroleptic)
Pressured speech, racing thoughts
impulsive buying, decreased sleep

5/29 Call pharmacy transferred of pharmacist
Mother with Concerned of Confusion, Psychosis

6/4/01 Cutting & Jeanne Beatty
Received Dx Bipolar Disorder (depressed, psychotic)
w/ Instr. - Tab Imipramine given qhs
Mother picked up Rx

2/1 Received Visa authorization, Confirmation, Amount of stay
2/21 Call Cap. Auth & Amount Auth + phone, Insurance
Spoke w/ Mandy Catherine Mann + Nancy Pratt
Need Telecare
5/16/02 No Change
5/28/02 Clearly bipolar depressed w/ manic episodes, self injurious
* Bipolar Dep w/ psychosis for Cognitive dysfunction (Delusions)

6/19 Value of Life (Suicidal)

FRANK E. FORSTBOEFEL, M.D.

Pt.'s Name: Ted Polansky DOB: 4-7-57

DATE	PROGRESS NOTES
5-14-01	Sent copy of notes to meeting Khor-Gould @ State Accident Fund
5-14-01	Although much better as to sense of injury and letting go of old and customary resentments about restrictions and disregard and to get on with his life with an inner sense of safety though life despite customary passive suicidal ideation from time to time. Remains labile & watery eyes and tremulous speech with transitions from TAP to DVP.
5-23-01	Continued paranoia & voiced hallucinations of paranoid nature of snakes & rats. This has begun acutely with concurrent confusion & preoccupations about drivers. Patients defense structure has changed radically over weeks. Evokes bizarre visual images years ago. Will begin Risperdal 1 mg po qd & observe. Otherwise moods stable.
5-30-01	copy of D/C notes sent to Joanne Board-case mgr, meeting Khor-Gould @ State Accident Fund and Preston McDaniel, Esq - (2)
6-6-01	Continued psychotic symptoms & emotional upheaval with disorientation. Risperdal d/c'd. Begun Geodon 20 bid. Stable around federal steps of DOT.
6-11-01	Geodon discontinued since it may have contributed to his confusion & labile & images-anomia. Remains however confused & images, memory gaps & odd unusual behavior. Has had more headaches & jaw pain (apnea) when asleep. Will get CAT Scan cerebral to rule out any possible

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3C
COLUMBIA, SC CAR 29201
TELEPHONE 256 2748

COPY

June 4, 2001

RECEIVED JUN 0 5 2001

Ms. Jeanne Beard
Case Manager
PO Box 429
Chapin, SC 29036

RE: Theodore Polansky

Dear Ms. Beard:

I continue to treat Mr. Ted Polansky for a revised diagnosis of Bipolar Disorder (depressed, psychotic) with a secondary diagnosis of Obsessive-Compulsive Personality. Since my last correspondence with you, Mr. Polansky's condition has deteriorated due to transitional stresses of moving toward retirement disability in concrete ways and of moving out of the Intensive Outpatient Program (IOP) at Palmetto Baptist Medical Center to the Dialectic Behavioral Therapy Program (DBT). Rather acutely, Mr. Polansky began to hear noises at the windows, saw images of rats and snakes associated with paranoia and minor confusion. Interestingly enough, Ted has experienced, years ago, minor psychotic symptoms, but minimally so, with stress. I have placed him on Risperdal for these psychotic symptoms with some remission but with side effects of enuresis and dry mouth. I have reduced the Risperdal. Ted continues to take Wellbutrin for his dperession and Depakote ER 1000 mg for his mood stability.

Included are copies of my office notes. I will continue to see Mr. Polansky on a weekly basis during his DBT especially due to his psychotic features secondary to the transitional aspects as mentioned above.

In general, Ted is much better with greatly reduced depression and mood instability as he moves toward retirement disability. I would like to perssonally thank you for your generous assistance and availability to Mr. Polansky.

If you should have any further questions, please feel free to contact at the number and/or address above.

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR 29201
TELEPHONE 256-2748

COPY

Sincerely yours,

Frank E Forsthoefel MD

Frank E. Forsthoefel, M.D.

FEF:aag

cc: Mr. Preston McDaniel, Esq.
Ms. Mee Ling Khor-Gould @ State Accident Fund
File

FRANK E. FORSTHOEFEL, M.D.

Pat. or Pt. Name: Ted Rolaroski DOB: 4-7-57

COPY

DATE	PROGRESS NOTES
4-6-01	Continued depression over sense of injury with tearfulness but not suicidal. Continued TOP is very helpful
3-23-01	Continued depression with sense of injury. Voices agast, frustrated with battered compulsive spending with addition of bipolar Klonopin. Sleeping well for first time on prn Klonopin
4-4-01	Continued depression. Patient is most probably Bipolar c pressured speech, racing thoughts, erratic energy, irritability, agitation well by Depakote to stabilize mood
4-6-01	Sent copy of all records to Preston M. Daniel, Esq, medical Rx Mo-Gould State Accident Fund and copy to Jeanne Braid, RN, case manager
4-6-01	Anxious depressed c some suicidal ideation. Trying to get on with his life. Less manic pressured speech with Depakote ER 1000 qhs
4-10-01	Continued pressured speech, flight of ideas, ark depression & concentration problems. Continue Luvox c Effexor. Increase Depakote ER 500 to bid
4-11-01	Less manic pressured speech, urgency, energy & less depressive dysphoria & intensity of sleeps with Depakote ER bid
4-24-01	Again increased less manic. Some pressured speech. Would rate manic Sage. Richard feel rate well over [illegible]
5-4-01	Stable. Continued depression with tearfulness about poor sense of self.

1655
P. 0000

FRANK E. FORSTHOEFEL, M.D.

PATIENT'S NAME: Ted Polansky DOB: 4-7-57

COPY

DATE	PROGRESS NOTES
5-14-01	Sent copy of notes to meeting Khor-Gould @ State Accident Fund
5/14-01	Although such battles as to cause of injury and battery go of d/d and continuing recollections about recitation are disagreeable and to get on with his life with an inner sense of safety through life despite continuing passive suicidal ideation from time to time. Remains labile & watery eyes and tremulous speech ask transition from Tol to DVP
5-01	Continued presence & visual hallucinations of presence nature of snakes & rats. This has begun weekly with decreased confusion & preoccupation also dreams. Paleal's defense structure has changed radically over weeks. Earlier Rx visual images years ago. Will begin Aprozolam 1 mg po qd & observe. Otherwise moods stable.
6-4-01	copy of Dx notes sent to Joanne Board-case mgr, meeting Khor-Gould @ State Accident Fund and Preston McDaniel, Esq

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

TELEPHONE 256-2748

April 6, 2001

Mr. Preston McDaniel
Attorney at Law
1315 Elmwood Avenue
Columbia, SC 29201

RECEIVED APR 0 9 2001

RE: Theodore Polansky

Dear Mr. McDaniel:

Enclosed please find copies of Mr. Polansky's discharge summary from his recent inpatient hospitalization, copies of my outpatient treatment notes as to the care of Mr. Polansky as well as outpatient treatment notes from the Intensive Outpatient Program (IOP) at Palmetto Baptist Medical Center.

My original Axis I diagnosis of Mr. Polansky was initially Major Depression (non-psychotic) which has been revised to Bipolar Disorder (depressed non-psychotic). Mr. Polansky's Axis II and Axis III diagnosis remain the same.

Although I have not had any psychological testing to support the change in diagnosis, this testing may be useful from a medical-legal point of view. As you may know, obsessive-compulsive disorder is frequently a concurrent diagnosis with the bipolar disorder. Mr. Polansky demonstrates pressured speech, racing thoughts, impulsive buying and not just compulsive buying, and creativity in his design work and expansive thinking. I have begun to treat Mr. Polansky with a mood stabilizer to slow down his pressured speech and at times high energy and to provide his depressive state a floor so that rejection and disappointment do not worsen the already extant depression.

Copies of these reports as well as a current statement will be forwarded to Ms. MeeLing Khor-Gould at the State Accident Fund as well as a copy to Ms. Jeanne Beard, RN, Case Manager.

Sincerely yours,

Frank E Forsthoefel MD

Frank E. Forsthoefel, M.D.

FEF:aag
Enclosures
cc: MeeLing Khor-Gould, State Accident Fund
Jeanne Beard, RN, Case Manager
File

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201

TELEPHONE 256-2748

COPY

April 6, 2001

Ms. MeeLing Khor-Gould
State Accident Fund
PO Box 102100
Columbia, SC 29221-5000

RE: Theodore Polansky

Dear Ms. Khor-Gould:

I appreciated our recent telephone conversation as to the complexities of the work-related injuries and treatment of Mr. Polansky. Most recently, Dr. Ngo, the neurologist, has discovered a ruptured inter-vertebral disc at L-5 and has scheduled a CAT Scan for Mr. Polanky.

Enclosed please find copies of Mr. Polansky's discharge summary from his recent inpatient hospitalization, copies of my outpatient treatment notes as to the care of Mr. Polansky as well as outpatient treatment notes from the Intensive Outpatient Program (IOP) at Palmetto Baptist Medical Center.

My original Axis I diagnosis of Mr. Polansky was initially Major Depression (non-psychotic) which has been revised to Bipolar Disorder (depressed non-psychotic). Mr. Polansky's Axis II and Axis III diagnosis remain the same.

Although I have not had any psychological testing to support the change in diagnosis, this testing may be useful from a medical-legal point of view. As you may know, obsessive-compulsive disorder is frequently a concurrent diagnosis with the bipolar disorder. Mr. Polansky demonstrates pressured speech, racing thoughts, impulsive buying and not just compulsive buying, and creativity in his design work and expansive thinking. I have begun to treat Mr. Polansky with a mood stabilizer to slow down his pressured speech and at times high energy and to provide his depressive state a floor so that rejection and disappointment do not worsen the already extant depression.

A copy of this report with enclosures will be sent to Ms. Jeanne Beard, RN, Case Manager. A copy of my most recent statement is also enclosed.

Sincerely yours,

Frank E Forsthoefel MD

Frank E. Forsthoefel, M.D.

FEF:aag
Enclosures
cc: Jeanne Beard, RN, Case Manager
File

FRANK E. FORSTHOEFEL, M.D.
1333 TAYLOR STREET, SUITE 3F
COLUMBIA, S. C. 29201
(803) 256-2748
PIN # B-924-890-281

FRANK E. FORSTHOEFEL, M.D.

Patient's Name: Ted Polanski DOB: 4-7-57

COPY

DATE	PROGRESS NOTES
2-01	Axis I Major Depression
	Panic Disorder, OCD, Chronic Pain Disorder
2-01	Stable. Attorney were busy.
3-01	Continued depression & tearfulness. Cannot take Paxil 60mg qd because of lightheadedness & weakness. Pt said problem with Paxil worse. Reduce Paxil to 40mg & start Luvox 100mg qd
3-01	Sent copy of initial Evaluation to State Accident Fund and copy to Dr. Clay Drummond
3-01	Sent copy of initial Evaluation to Daniel Mastronak, Rehab Nurse
3-01	Remains hypotensive with current symptoms secondary to Paxil. Feels less so on reduced Paxil 40mg qd. Will gradually reduce Paxil to 20mg po qd & observe. Maintain on Luvox 100mg po qd. Remains tearful about losses of health & career but trying to accept losses. Continued suicidal ideation
3-01	Pt admitted to PBMC
3-01	Sent copy of all records to Preston McDaniel, Esq.
3-01	Remains very depressed and angry but not suicidal since discharge. Very upset that Workers Comp will not fill hospital prescriptions and Carvel for sabotaging his treatment. Will discuss misinformation in Mr. Daniel Mastronak's several letters to Mr. McDaniel

FRANK E. FORSTHOEFEL, M.D.
1333 TAYLOR STREET, SUITE 3F
COLUMBIA, S. C. 29201
(803) 256-2748
PIN # B-924-890-281

FRANK E. FORSTHOEFEL, M.D.

Patient's Name: Ted Rolanosky DOB: 4-7-60

COPY

DATE	PROGRESS NOTES
3-14-01	Continued depression with sense of injury with hopelessness but not suicidal. Continued IOP is very helpful
3-21-01	Continued depression with sense of injury. Notes argued, frustrated with reduced compulsive spending with addition of topiras Klonopin. Sleeping well for first time on new Klonopin
3-28-01	Continued depression. Patient is most probably Bipolar & presented speech + many thoughts, excessive energy, irritability, agitation well by. Depakote to stabilize mood.
4-6-01	Sent copy of all records to Preston or Daniel, Esq, medical Kinard-Gaudet State Accident Fund and copy to Jeanne Braud, RN, case manager
4-6-01	

1660
P. 2008

FRANK E. FORSTHOEFEL, M.D.
1333 TAYLOR STREET, SUITE 3F
COLUMBIA, S. C. 29201
(803) 256-2748
PIN # B-924-890-281

COPY

Theodule Polansky

1-22-01 Ambien 10mg # 25 1 po hs NR
8656604

3-5-01 Ismelin 50mg # 3 mg : 1 q12h pm Samples given

3-7-01 Luvox 50mg # 70 1½ po qhs. Samples given
Luvox 25mg # 70 1 po hs " "

3-19-01 Ismelin 50mg # 2 samples 50mg po q12h samples given
Ambien 10mg # 25 1 po hs NR

3-29-01 Depakote ER 500 # 60 1 po qhs to bed NR
Effexor XR 75 # 120 1 po qd RFX1
Ismelin 50mg # 20 1 po q12h pm samples given

METTO BAPTIST MEDICAL CENTER
Columbia, South Carolina

0004755519
POLANSKY, THEODORE P
FORSTHOFFEL, FRANK 43Y M
0106400270 PPH
2933 WOODWAY LANE
COLUMBIA SC 29223

Date	Notes should be signed by Physician
3/14/01	Continued depression with OCD features. Still dealing to less Taking Efexor & Luvox Tabled
3/19/01	Stable. Stressed over medical records and paper work Tabled
3/20	Sup, tense, feels like explosion. Anxious Tabled
3/21	More stable & less upset and anxious with regards Klonopin Tapered. Tabled
3/22	Considerably more relaxed. Letting people into his life more - tearing more Tabled
3/23	Self esteem improving by putting puzzles together, helping other people helpless. Not as depressed.
3/27	Exacerbation yesterday, sense of injury & rage triggered by feelings of ruptured intervertebral disc at L-5. Increased pressure suicidal ideation yesterday. Feels desmises PROGRESS NOTE and helped by care at Pain Center since he was not examined MP. repeated further MRI days disease. Stable

Form 168

METTO BAPTIST MEDICAL CENTER
lumbia, South Carolina

P2049551Q
POLANSKY, THEODORE P
FORSTHOFFEL, FRANK 43Y M
0106400270 PPH
2933 WOODWAY LANE
COLUMBIA SC 29223

Ted Polansky - PHP - Dr Forsthoefel

Date	Notes should be signed by Physician
3-5-01	Chief Complaint: Admitted to Baptist after hospital discharge for continued care of Major Depression, Obsessive Compulsive Disorder. Present History: Work related injuries + depression 2° to injuries. C/O suicidal ideation. Mental Status: Alert, oriented x 3, speaks logically & coherently & delusions; Orientation: No suicidal ideation. Impression: Axis I: Major Depression, Obsessive Compulsive Disorder & Obsessive Compulsive Disorder. 2) Work related injuries. Plan: Therapy. Fulfld
3-9-01	Daily letter. Discussing sense of injury and anger and how to approach these areas. Fulfld
3-12-01	Trying to accept physical + emotional limitations. Very obsessive about girlfriends not cleaning up to his satisfaction. Fulfld
3/13/01	Continuing depression and obsessiveness and anger. Getting counseling from Drs. Beasley, Gano. Fulfld

PROGRESS NOTE
169
P. 2208
1102

Form-32

COPY

PA[illegible]TO BAPTIST MEDICAL CENTER at COLUMBIA

Columbia, South Carolina

0005770055
BROOKS, KAREN M
FORSTHOEFEL, FRANK 27Y F
0106700277 PPH
12023 SW 271 TERRACE
HOMESTEAD FL 33032

Date	Notes should be signed by Physician
3/28	Confused depressive feelings + helplessness with tearfulness, insomnia with inability to fall asleep 4 to 5 hrs each night. Goal: Sleep for 8 hours per night. Plan: Trazodone
4/2	Patient has several diagnoses of Bipolar depressed with pressured speech, racing thoughts, creativity, impulsive thinking, + histrionic affect with hyperactivity. Plan: Depakote

PROGRESS NOTE

Form-32

170
P. 0502
1144

COPY

[illegible] SC 29223

PARTIAL HOSPITALIZATION PROGRAM
PALMETTO BAPTIST MEDICAL CENTER
PHYSICIAN ADMISSION ORDERS

Name: Ted Polgrosky Date: 3-5-01

Allergies: grass, house dust, mites, molds, pollen

1. Admit to Dr. Forsthoefel service.

2. Admit to Partial Hospitalization Program.

3. Patient to attend full therapeutic program.

4. History & Physical Done in pt

5. Labs: Circle ones that apply. Done in pt

CBC	Thyroid Profile	Serum B12
U/A	UDS	Serum Folate
EKG	Basic Metabolic Profile	

6. Psychological Testing: Not at admission

7. Medications: see MAR

8. Other orders:

Physician Signature: TE Forsthoefel Date/Time: 3-5-01 0900

Nurse Signature: Sherrell Johnston RN/CS Date/Time: 3-5-01 0935

P. 165

COPY

PALMETTO BAPTIST MEDICAL CENTER
PARTIAL HOSPITALIZATION CERTIFICATION FORM

[illegible] 43Y M
[illegible] SC 29223

I certify that Partial Hospitalization services are medically necessary to this patient:

____ to prevent inpatient hospitalization.

✓ to maintain and improve patients condition and level of functioning and prevent relapse since discharge from inpatient unit.

I, along with the partial hospitalization treatment team, have developed a written multidisciplinary treatment plan of specific care for this patient.

F E Tuleffel 3-5-01

Physician Signature Date

*Recertification (required after 18 days)

_____ _____

Physician Signature Date

COPY

PALMETTO BAPTIST MEDICAL CENTER
Taylor @ Marion, Columbia, S.C. 29220

DISCHARGE SUMMARY

NAME: Polanski, Ted
HOSPITAL NO: 435519
DOCTOR: Frank Forsthoefel, MD
ADMITTED: 02/16/01
DISCHARGED: 3-2
DICTATED: 03/16/01 13:55
TRANSCRIBED: 03/29/01 10:00 A

CHIEF COMPLAINT: Mr. Ted Polanski is a 43-year-old male who was admitted to the hospital with worsened depression with suicidal remarks, a suicidal note and impulses to hurt himself with a request for voluntary admission. Mr. Polanski had written a suicidal note to his girlfriend a few days prior to admission.

PRESENT HISTORY: Mr. Polanski is a Medicaid fraud investigator who has excelled in his area and is known for his excellent work. He said he sustained work related falls with subsequent left knee surgery over the past year with subsequent reflex sympathetic dystrophy and chronic pain, eing treated by the Carolina Pain Center. The patient remains totally isabled from all work and perceived the government and the Carolina Pain Center wanting to declare that he has been treated maximally and that the government would like to seek closure to his case without further orthopedic and neurological evaluation with recommendations as to his work related injuries. The patient is pursuing a Workmens' Compensation claim and refuses to quit his job in order to pursue any disability claim. Mr. Polanski perceived the "system" as not interested in any disability claim, aggravating his secondary depression as to his physical losses and impairments and employment losses of income with near despair and suicidal remarks and notes over the past week. He perceived the system as seeking a premature closure when he was not yet satisfied as to the completeness of the orthopedic evaluation and neurological evaluation, especially as it related to reflex sympathetic dystrophy. He denied any alcohol or drug abuse problems. He admitted to his obsessionalism and perfectionism and sense of detail and fairness that was much of his personality and was much of his success as a fraud investigator. Again, Mr. Polanski felt the acute sense of loss of his physical abilities and his employment income and threatened loss of his job with a perception that the government was attempting to seek premature closure of his claims and care with the additional perception that the government was dismissing him as an individual of integrity.

PAST HISTORY: Mr. Polanski gives a history of childhood sexual abuse by three individuals with a sense of injury and unresolved injury that has persisted to this day. Mr. Polanski has never talked about his childhood sexual abuse to anyone prior to this examiner.

MENTAL STATUS EXAMINATION: Mr. Polanski presented himself as an alert,

PALMETTO BAPTIST MEDICAL CENTER
Taylor @ Marion, Columbia, S.C. 29220

DISCHARGE SUMMARY

NAME: Polanski, Ted
HOSPITAL NO: 435519
DOCTOR: Frank Forsthoefel, MD
ADMITTED: 02/16/01
DISCHARGED:
DICTATED: 03/16/01 13:55
TRANSCRIBED: 03/29/01 10:00 A

continued - page 2

extremely anxious, depressed and tearful individual in some degree of pain as he would walk about on his crutches. His speech was obviously halting and guarded, conveying a certain amount of distrust with the new psychiatrist who was treating him. However, his speech was logical and coherent and negative when it came to the sense of injury with associated despair that he would be dismissed and, so to speak, thrown to the wolves by the government. There is no perceptual nor organic findings. He admitted to suicidal ideation at the time of the interview and contracted for safety.

CLINICAL IMPRESSION:
1. Axis I: Major depression (nonpsychotic).
2. Axis II: Obsessional personality.
3. Axis III: Work related falls and surgeries with reflex sympathetic dystrophy and chronic pain syndrome.

COURSE IN THE HOSPITAL: The patient's course in the hospital was somewhat complicated. The patient's medical care of a general nature was attended to by the internist, Dr. Francis Goldstein. With considerable effort, the patient began to talk about his perceived weakness of himself post injury at the work site and post surgery with the limitations following the surgeries. He perceived these weaknesses as signs and symptoms of the earlier weaknesses as an abused child. The patient began to talk about weakness as a male after the injuries in the work place and weaknesses that preceded the injuries in the work place. The patient cried a great deal when talking about his perceived male weaknesses. But, he did begin to talk in group about his perceived weaknesses and his need to face his weaknesses and to see weakness in a more normative light than negative light, consistent with his depression. The patient's obssessive-compulsive descensus, particularly his reaction formation of strength and stoicism, were used to defend against greater understanding of the weaknesses as normal experiences. In the hospital setting, consultations were ordered for reevaluation of his orthopedic condition through Dr. Owings and reevaluation of his RSD through Dr. Troyer. The patient's medications included the following: Luvox 100 mg p.o. q.h.s., Effexor SR 37.5 q.i.d. with increased to 75 mg p.o. t.i.d. These medications were used for depression and obsessionalism. The patient was also seen by Dr. Herlong for stress incontinence and a GU workup ensued

PALMETTO BAPTIST MEDICAL CENTER
Taylor @ Marion, Columbia, S.C. 29220

DISCHARGE SUMMARY

NAME: Polanski, Ted
HOSPITAL NO: 435519
DOCTOR: Frank Forsthoefel, MD
ADMITTED: 02/16/01
DISCHARGED:
DICTATED: 03/16/01 13:55
TRANSCRIBED: 03/29/01 10:00 A

continued - page 3

under Dr. Herlong. The patient's GI upset which was interpretated as stress gastritis was treated by Dr. Goldstein with Augmentin. With time, the patient's suicidal ideation remitted substantially. The patient's depression remitted substantially, also, to the point that he could be discharged without danger to himself or others to be followed up in the intensive outpatient program to maintain his stability and sense of well being. Within the hospital setting, he experienced a classic anxiety episode called a dissociative episode, precipitated by ventilating in group therapy about his perceived childhood abuse and perceived abuse by the system with pre-panic feelings, symptoms of light headedness, tachycardia, memory lapses and even jerking of his right leg. These symptoms lasted for many hours with return to normal mentation. The patient remained very anxious throughout the hospital stay, as evidenced by his anxious, halting and pressured speech with pre-panic feelings from time to time. The patient was discharged on the aforementioned medications to be followed up by this examiner in the partial hospitalization program and in my office. At the time of discharge, he was in no way an active danger to himself or others with adequate controls.

Frank Forsthoefel, MD
FF :TL527
Job ID:413364

FRANK E. FORSTHOEFEL, M.D.
1333 TAYLOR STREET, SUITE 3F
COLUMBIA, S. C. 29201
(803) 256-2748
PIN # B-924-890-287

FRANK E. FORSTHOEFEL, M.D.

Patient's Name: Ted Polansky DOB: 4-7-57

CONFIDENTIAL

DATE	PROGRESS NOTES
2-20-01	Axis I Major Depression Panic Disorder, OCD, Chronic Pain Disorder
4-20-01	Stable. Attorney wrote letter.
3-15-01	Continued depression & tearfulness. Cannot take Paxil 60mg qd because of lightheadedness & weakness & 2° sexual problems with Paxil in reverse. Reduce Paxil to 40mg & maintain Luvox 100mg
3-7-01	Sent copy of initial Evaluation to State Accident Fund and copy to Dr. Clay Drummond
3-7-01	Sent copy of initial Evaluation to Daniel Mastronak, rehab nurse
3-12-01	Remains hypotensive with anxiety, symptoms secondary to Paxil. Feels less so on reduced Paxil 40mg qd. Will again reduce Paxil to 20mg po qd & observe. Maintain on Luvox 100mg po qd. Remains tearful about losses of health & career but trying to accept losses. Continued suicidal ideation
3-16-01	Pt. admitted to PBMC
3-19-01	Sent copy of all records to Preston McDaniel, ESq.

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201
TELEPHONE 256-2748

CONFIDENTIAL

January 22, 2001 &
January 29, 2001

RE: Mr. Theodore Polansky

Source of Referral: Mr. Ted Polansky is a forty-four-(44) year old married male, who is referred by Dr. Clay Drummond of the Palmetto Baptist Pain Center for a psychiatric evaluation and treatment recommendations.

Chief Complaint: Mr. Polansky complained of depression with insomnia, reduced energy, negative thoughts, feelings of hopelessness and helplessness with some recent not only passive suicidal ideation but active suicidal ideation with plans one (1) week prior to this interview. He admitted to forgetfulness, tearfulness, and irritability. He admitted to secondary Panic Attacks, Obsessional thinking and Chronic Pain Disorder.

Present History: Mr. Polansky said he was otherwise well until October, 1999, when he fell at work. He said he was employed by the South Carolina Attorney General's Office as a Fraud Investigator. He said that his left knee repair surgery in December, 1999, was less than complete with the emergence of Reflex Sympathetic Dystrophy beginning in the Spring of 2000. Mr. Polansky sustained another work-related injury when he twisted his back while at work in May, 2000. Mr. Polansky stated that these work-related injuries caused him to become depressed in that he found the chronic pain limiting his general functioning. Concurrent with these injuries, Mr. Polansky was experiencing work related problems with his supervisor as he attempted to comply with his job description. The patient saw himself as a whistle blower in compliance with his job description. As he lost control over his body and over his pain responses and as he lost control over his job description with conflicts about the job description with his supervisor, he became more and more depressed and stressed out with the many frustrations of a physical and mental nature. Mr. Polanshy did admit to Obsessional thinking in ritualized daily behavior which was secondary to the aforementioned depression. Mr. Polansky denied any drug or alcohol nor prescription dependency .

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PSYCHIATRY
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COLUMBIA, SO. CAR. 29201
TELEPHONE 256-2748

January 22, 2001 &
January 29, 2001

RE: Mr. Theodore Polansky

Past History: Mr. Polansky said he was one-(1) of three-(3) children and was a middle child. He said he was born in Maryland. He said his mother was a schoolteacher in Special Education and that his father was in the military. He said the family traveled a great deal and that he went through twelve-(12) different schools in twelve-(12) years in his childhood. He described his father as strict compared with the fathers of other parents. He said his father expected a lot from him and his two-(2) sisters. Mr. Polansky had some auditory problems as a child with enlarged adenoids and tonsils and some borderline dyslexia at that time. He said his parents saw him as a slow learner at that time and sent him to the Catholic School in the third-(3rd) and fourth-(4th) grade after which he went to school in Germany during his fathers military tour. He said his mother was even stricter than his father. He said he felt good about his mother's expectations in that her expectations influenced his high degree of responsibility as a student in school. He said that as a student in primary school he began bagging groceries at the Commissary and began saving money and recognizing the value of a dollar at a very early age. He said that he would not receive presents from his mother but would give presents to her out of appreciation for her efforts to be a good mother to him. He said his sense of financial responsibility and personal responsibility was such that he financed his entire way through the University of South Carolina as he worked while he went to school. Rather than to receive a graduation present from his parents at the end of college, he bought them a car out of appreciation. He acknowledged that he did not receive presents from others and always felt better giving presents to his family and to his wife. He said that as a child he associated with older children and saw himself as more mature than people in his own age group. He said among his own peer group he was the class clown. As a child and high school student he saw himself as anxious and hyper who sought to compete academically and physically. He said that although he was a slow learner, he completed his course work on time and competed in soccer and baseball. He said he graduated early from high school. He denied any problems with authority or the law other than "streaking ", "once on the USC Campus".
At the University of South Carolina, he found fraternity life difficult because he was always working and not able to attend fraternity meetings. Mr. Polansky remembered depression related to illness in his first year of college, when he was thought to have Hodgkin's Disease. During his Hodgkin's work up, he worked as a volunteer at a Christian Retreat. He said that he did not understand his recovery.

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201
TELEPHONE 256-2748

January 22, 2001 &
January 29, 2001

Past History (continued): from the illness that was thought to be Hodgkin's disease at that time. After graduating from USC, Mr. Polansky wanted to go to Law school but that his LSAT scores were low. Accordingly he sought employment at the Attorney General's Office in 1978 in Florence, South Carolina. He candidly admitted to periodic earlier depressions related to his father's absence from home. He acknowledged an earlier depression associated with the work up for Hodgkin's disease in his first year of college at USC. Mr. Polansky admitted that his self esteem was good when he was depression free, but acknowledged that his self esteem was poor when depressed. He described himself as expectant, meticulous, rigid, and perfectionist as a child and now as an adult. He said that he expected to be the Director of the Medicaid Fraud Division but that this expectation was not met when another was chosen. He admitted that there was a certain professional bias against investigators becoming directors. Mr. Polansky also acknowledged an earlier depression when his first and only marriage broke up because of his wife's infidelity. He said that he expected to marry again to a girlfriend of some fifteen-(15) years but there were conflicts over control issues. Despite an earlier history of depression, Mr. Polansky acknowledged that he was not suicidal. In spite of the earlier depressions, he has never been suicidal.

Mental Status Examination: Mr. Polansky presented himself as an alert, talkative, tense, despondent, male who spoke with a great deal of pressure and even scattered remarks about his complex difficulties. Nevertheless his speech was basically logical and coherent and relevant. His affect of anxiety and despondency was congruent with negative thoughts about his physical problems and mental problems and chronic pain. There is no evidence of any perceptual nor organic findings nor immediate danger to self or others.

Clinical Impression:	Axis I:	Major Depression Panic Disorder Obsessive Compulsive Disorder Chronic Pain Disorder
	Axis II:	Deferred
	Axis III:	Work Related Injuries of October, 1999 and May, 2000

FRANK E. FORSTHOEFEL, M.D.
PSYCHIATRY
1333 TAYLOR ST., SUITE 3F
COLUMBIA, SO. CAR. 29201
TELEPHONE 256-2748

January 22, 2001 &
January 29, 2001

RE: Mr. Theodore Polansky

Recommendations:

1. Ambein 10 mg. po h.s. for sleep.
2. Consideration of antidepressant medication.
3. Regular follow up visits to which he has agreed.

Thank you,

Frank E Forsthoefel MD

Frank E. Forsthoefel, M.D.

FEF:ng
Dictated but not read

Cc: Dr. Clay Drummond

Frank Forsthoefel, M.D.
1415 Blanding Street, Suite 4, Columbia, SC 29201
DEA # BF 0655449

MEDICATION LOG

Patient: Ted Polinski Birthdate: 4-7-57

Patient Phone #: 732-2563

Pharmacy: Publix Pharmacy Phone #: 407-2632

Date Rx:	Medication:	Dosage:	Quantity:	Directions:	Refills:	
5/14/13	Ambien CR (Brand Name)	12.5mg	30	1 HS	5	
7/11/13	Cymbalta	60mg	60	1 BID	5	
	Lamictal	100mg	90	1 tid	5	
	Imitrex	50mg	30	1 - 11 sdpw	5	
	Trazodone	150mg	60	11 HS	5	
	Keppra	60mg	60	1 BID	5	
↓	Wellbutrin XL	150mg	90	111 AM	5	Name Brand
8/14/13	Pt. called c/o Antibiotic causing thrush.					
	Appt w/ ENT 8/21/13. Had to D/C Keppra					
	last time he had thrush due to					
	Contraindication w/ diflucan. ↓'d					
	Keppra to 1 daily 8/18/13. Advised					
	pt. to continue @ 1 q day for several					
	days, then D/C. Rez FF					

Frank Forsthoefel, M.D.
1415 Blanding Street, Suite 4, Columbia, SC 29201
DEA # BF 0655449

MEDICATION LOG

Patient: Ted Polawsky Birthdate: 4-7-57

Patient Phone #: 732-2543

Pharmacy: Publix Pharmacy Phone #: 407-2632

Date Rx:	Medication:	Dosage:	Quantity:	Directions:	Refills:
8/15/12	Cymbalta	60mg	60	1 BID	5
↓	Geodon	60mg	60	1 BID	5
8/16/12	Ambien CR	12.5mg	30	1 HS	5
↓	Trazodone	150mg	60	1 HS	5
8/28/12	Prwigil	200mg	60	1 BID	5
↓	Razadyne	8mg	90	1 tid	5
↓	Aricept	5mg	60	1 BID	5
9/20/12	Dalmane	30mg	30	1 qhs	2
11/8/12	Ambien CR	12.5mg	#30	1 qhs	5
1/16/13	Wellbutrin XL	150mg	90	1 Am	5
↓	Lamictal	100mg	90	1 bid	5
↓	Imitrex	50mg	30	1 q2h prn	5
2/18/13	Trazodone	150mg	60	1 HS	5
↓	Cymbalta	60mg	60	1 BID	5
3/11/13	Prwigil	200mg	60	1 BID	5
3/19/13	Razadyne ER	8mg	90	1 bid	5
↓	Aricept	5mg	60	1 BID	5

Frank Forsthoefel, M.D.
1333 Taylor Street, #4H, Columbia, SC 29201
DEA # BF 0655449

MEDICATION LOG

Patient: Ted Polanusky Birthdate: 4-7-57

Patient Phone #: 732-2593

Pharmacy: Publix Pharmacy Phone #: 407-2632

Date Rx:	Medication:	Dosage:	Quantity:	Directions:	Refills:	
6/27/11	Cymbalta	60mg	60	1 BID	5	
8/12/11	Imitrex	50mg	30	1-11 q d prn	1	* DO NOT REF.
9/6/11	Ambien CR	12.5mg	30	1 HS	5	
↓	Provigil	200mg	60	1 BID	5	
9/16/11	Trazodone	150mg	60	1 HS	5	
|	Razadyne	16mg	30	1 HS	5	
|	Wellbutrin XL	150mg	QD	1 AM	5	Put on file
↓	Lamictal	100mg	QD	1 tid	5	
12/15/11	Imitrex	50mg	30	1-11 q d prn	1	
X	OK to fill per Dr. Pt saw Opthamalogist = only has "suspect glaucoma"					
1/16/12	Cymbalta	60mg	60	1 BID	5	
↓	Geodon	60mg	60	1 BID	5	
2/21/12	Ambien CR	12.5mg	30	1 HS	5	
|	Provigil	200mg	60	1 BID	5	
↓	Imitrex	50mg	30	1-11 q d prn	1	
3/8/12	Razadyne	8mg	QD	1 tid	5	

* DO NOT REFILL Imitrex (glaucoma)

12/15/11 OKay to call in

Columbia Psychiatric Associates
1333 Taylor Street Suite 4H Columbia, SC 29201
803/779-7500 Facsimile 803/779-7522

Medication Log

Patient Ted Polawsky Birthdate 4-7-1957

Phone Number 732-2593

Pharmacy Publix Number 407-2632

Date Rx	Medication	Dosage	Qty	Freq	Refills	
11-15-10	CymBalta	60mg	30	1 Am	2	dm
↓	AmBien CR	12.5mg	30	1 HS	2	407-2632
	Razadyne	16mg	30	1 HS	2	
↓	Wellbutrin XL	150	90	1 1/2 Am	2	
12-28-10	Trazodone	150mg	60	1 1/2 HS	3	# 407-2632
↓	Cymbalta	60mg	~~30~~ 60	~~1 Am~~ 1 BID	~~3~~ 3	
1-4-11	Ambien CR	12.5mg	30	1 HS	2	
↓	Provigil	200mg	60	1 BID	2	ON FILE
1-27-11	Lamictal	100mg	90	1 BID	2	
2-3-11	Wellbutrin XL 150	150	90	1 1/2 am	3	
	Razadyne	16mg	30	1 hs	3	
3-3-11	Ambien CR 12.5	12.5	30	1 hs	5	
	Trazodone	150mg	60	1 1/2 hs	5	
	Lamictal	100mg	90	1 bid	5	
	Provigil	200mg	60	1 hs	5	
4-25-11	Geodon	60mg	60	1 bid	5	
5-26-11	Trazodone 50mg	30	1-2 at HS		1	
6-22-11	Wellbutrin XL	150mg	90	1 1/2 Am	3	
↓	Razadyne	16mg	30	1 HS	3	

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333 TAYLOR STREET, SUITE 3F.
COLUMBIA, S. C. 29201
(803) 256-2748
I # B-924-890-281

Ted Polansky

11-21-02 Seizure today # 42 rgt to brd. Seizure

Ativan 1mg #10 1 tid RFX1
Imitrex 50mg #9 1 q1h prn HA RFX
Phar
8656604

12-3-02 Eskalith CR 450mg #60 1 bid RFX1
Celexa 20mg #60 1 bid RFX1
Imitrex 50mg #9 1 q1h prn NIR
to Plu 1-7-03 → Ambien 10mg #60 1 HS RFX1
Phar
8656604

1-30-03 Imitrex 50mg #9 1 q1h prn HA
Script Given RFX1

2-4-03 Seizure 100 # 56 1 pt had Seizure
Ativan 1mg #90 1 tid RFx2
Geodon 80mg #14 1 HS
Samples Given

2-28-03 Geodon 80mg #60 1 HS
Samples Plu

3-6-03 Eskalith 450 CR #60 1 bid RFX1
Celexa 20mg #60 1 bid RFX1
Ambien 10mg #60 1 HS RFX1
Imitrex 50mg #9 1 q1h prn NIR
Phar
8656604

RANK E. FORSTHOEFEL, M.D.
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7-8-02 Celexa 20mg
Samples given

7-22-02 Ambien 10mg #60 ii hs NR
Phar
8656604

7-22-02 Eskalith CR 450mg #30 i qd RFx1
Phar
8656604

8-5-02 Ambien 10mg #60 ii hs NR
Ativan 1mg #90 i tid RFx1
Phar
8656604

8-22-02 Celexa 20mg # 30 i qd Samples

8-30-02 Ativan: Early refill
8656604 Ambien 10mg # 60 ii hs NR
Imitrex 50mg # 9 i q 12h prn RPx1

10-1-02 Ambien 10mg #60 ii hs NR
Ativan 1mg #90 i tid RFx1
Phar
8656604

10-11-02 Eskalith CR 450 # 30 i qd RPx1
Celexa 20mg # 30 i qd RFx1
Imitrex 50mg # 10 i q 12h prn RFx1

11-7-02 Eskalith CR 450mg #60 i bid RFx1
Celexa 20mg #60 i bid RFx1
Phar
8656604 Imitrex 50mg #9 i q 12h prn
Ambien 10mg #60 ii hs RFx1

ANK E. FORSTHOEFEL, M.D.
13 TAYLOR STREET, SUITE 3E
COLUMBIA, S. C. 29201
(803) 256-2748
S-924-890-281

Mr. Ted Palcansky

1-17-02 Amoxapine 50mg #60 i po qd-bid NR

2-7-02 ~~[illegible]~~ Depakote ER 500 #90 i tid RFx1
Effexor XR 75 #90 i tid RFx1

2-14-02 Zyprexa 10mg #14 i po hs Samples given
2-14-02 Amoxapine 50mg #60 i po qd to bid NR
Ambien 10mg #30 i hs NR
Lunesta 3mg #10 1 q 12h prn migraine

3-13-02 Ambien #45 mg 1 tablet hs NR

4-1-02 ~~Ativan~~ Imitrex 50mg #9 i q2h prn RFx1 migraine
Phar 8656604

~~4-22-02 Ambien 10mg #45 1 tablet hs~~ NR
Phar 8656604

~~5-2-02 Zyprexa~~ Samples given

5-9-02 Celexa 20mg #14 i po qd NR
Ativan 1mg #90 i tid RFx1
Ambien 10mg #60 1 tablet NR

5-23-02 Toradol CR 450 #30 i qd NR

6-17-02 Imitrex 50mg #9 i q2h prn migraine RFx1
Phar 8656604

Palmetto Pain Management
1655 Bernardin Avenue Suite #240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider: Ezra B Riber, MD
Encounter Date: Aug 12, 2013

Patient: Polansky, Theodore P (0465001)
Gender: Male **DOB:** Apr 07, 1957 **Age:** 56 year
Race: White
Address:
Insurance: STATE ACCIDENT FUND-[illegible]

Referred By: Edgar Deschamps

Chief Complaints:
Cramping in both legs pain in the tips of both feet mostly great toes.

HPI:
Mr. Polansky is a 56-year-old gentleman that we have been following for an initial diagnosis of CRPS and radicular syndrome in the lower extremities, following a remote work related incident. Since his last visit, he did not start the Theramine but didn't take Gabadone and did not find it helpful for his sleep. I reviewed with the patient and his SO today once again the concept of opioid hyperalgesia. It is quite possible that he will feel better if we come down on the oxycodone as well as on the Exalgo. It is my hope that if the Theramine is effective, we can accomplish the adjustment. In the same way I will start him today on Sentra PM and if his sleep is improved we can perhaps reduce the Ambien and trazodone.

Vital Signs:

Weight:	136 lbs
Height:	5' 10"
BMI:	19.51
BSA:	1.74
Temperature:	96.3 F (Tympanic)
BP:	138/75(Right Arm)(Sitting)
Pulse:	100(Right brachial)(Sitting)(Regular)
Respiration:	15
Oxygen:	100(Room air)

Allergy:
Quetiapine

ROS:

Per HPI.

Current Medication:
1 **Exalgo Er 16 Mg Tablet** SIG: Take 3 by mouth twice daily
2 **Percocet 10-325 Mg Tablet** SIG: Take 1 by mouth four times daily
3 **Phenergan 25 Mg Tablet** SIG: Take 1 daily
4 **Topamax 100 Mg Tablet** SIG: Take 1 twice daily
5 **Lomotil Tablet 2.5-0.025 Mg** SIG: Take 2 by mouth 4 times daily as needed pm diarrhea
6 **Gabadone** SIG: Take 1-2 by mouth at bedtime
7 **Theramine** SIG: Take 1-2 by mouth twice a day on an empty stomach.
8 **Ambien Cr 12.5 Mg Tablet (Other MD)**
9 **Lamotrigine 25 Mg Tablet (Other MD)**
10 **Latanoprost 0.005% Eye Drops (Other MD)**
11 **Lomotil Tablet 2.5-0.025 Mg (Other MD)**
12 **Oxytrol 3.9 Mg/24hr Patch Mg/24 Hr (Other MD)**
13 **Provigil 100 Mg Tablet (Other MD)**
14 **Razadyne Er 8 Mg Capsule (Other MD)**
15 **Wellbutrin Xl 150 Mg Tablet (Other MD)**
16 **Cymbalta 60 Mg Capsule (Other MD)** SIG: Take 1 twice daily
17 **Donepezil Hcl 5 Mg Tablet (Other MD)** SIG: Take 1 twice daily
18 **Imitrex 50 Mg Tablet (Other MD)** SIG: As Needed
19 **Lidocaine Hcl 2% Gel (Other MD)** SIG: Apply as needed
20 **Methyl B6-b12 (Other MD)** SIG: Take 1 twice daily
21 **Nexium Dr 40 Mg Capsule (Other MD)** SIG: Take 1 twice daily
22 **Polyethylene Glycol 3350 Powd (Other MD)** SIG: As Directed
23 **Trazodone 150 Mg Tablet (Other MD)** SIG: Take 1 by mouth every bed time
24 **Geodon 20 Mg Capsule (Other MD)** SIG: Take 1 daily

Medical History:
Patient is not currently taking a blood thinner.

Social History:
Marital Status: Married. He denies smoking cigarettes or use of any tobacco products.

Alcohol Use: He denies alcohol use.
He denies recreational drug use. Patient has Blue eyes.

Examination:
Pleasant, no acute distress, alert and oriented, good historian. Accompanied by friend / significant other SO gail.
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian He is focused on the feet today.
Lungs: clear; no wheezing, rales, or rhonchi.
Pain does not change with cough or valsalva.
Heart: Regular rate and rhythm without murmur, gallops or rubs.
Lower Extremeties: Examination of the feet reveals no evidence of infection or ingrown toenail. Peripheral pulses are 2+. The calves are flaccid. There is no EHL

weakness. No abnormalities noted at the tips of the toes Low back and lower extremity exam and complaints are unchanged.
Integumentary: Warm and dry throughout.

Diagnosis/Decision Making:
337.22 Reflex Sympathetic Dystrophy of Lower Limb 781.2 Abnormality of Gait 724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 729.5 Pain in Limb 719.49 Pain in Joint of Multiple Sites 724.2 Lumbago 338.4 Chronic Pain Syndrome V58.69 Long-Term (Current) use of other Medications

Treatment Plan (R):
- Continue with current medications The following medication adjustments were recommended today: Discontinue It done. A trial withSentra PM.
- Patient instructed on dosing and side effects.
- Follow up One month or sooner if needed.
- Call between appointments with questions or concerns. If he continues to have pain in the feet he can see the podiatrist that he typically visits every 90 days

I impressed upon them the need to take the Sentra PM nightly and the Theramine BID. I've also asked Gail to call me for medication questions rather than make those decisions on her own
He is on so many medications and I cannot imagine it would not be helpful if we can reduce these and I will do my part
Regarding those prescribed elsewhere I have asked her once again to go over the list of medications during visits with other providers.
At some point in time soon I will begin reducing the oxycodone and the Exalgo.

Prescription:
1 Sentra Pm SIG: Take 1-2 by mouth at bedtime QTY: 60.00
2 Percocet 10-325 Mg Tablet SIG: Take 1 by mouth four times daily QTY: 120.00
3 Phenergan 25 Mg Tablet SIG: Take 1 daily QTY: 30.00
4 Topamax 100 Mg Tablet SIG: Take 1 twice daily QTY: 60.00
5 Lomotil Tablet 2.5-0.025 Mg SIG: Take 2 by mouth 4 times daily as needed prn diarrhea QTY: 90.00
6 Exalgo Er 16 Mg Tablet SIG: Take 3 by mouth twice daily QTY: 180.00

Changed/Discontinued Medication(s):
Discontinued: Gabadone - per EBR

Palmetto Pain Management
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Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider: Ezra B Riber, MD
Encounter Date: Jul 22, 2013

Patient: Polansky, Theodore P (0465001)
Gender: Male **DOB:** Apr 07, 1957 **Age:** 56 year
Race: White
Address:
Insurance: STATE ACCIDENT FUND-0015

Referred By: Edgar Deschamps

Chief Complaints:
My pain isn't better and I can't gain weight.

HPI:
Mr. Polansky is back for routine scheduled follow up. He is a 56-year-old gentleman injured in a work-related incident in 1998. We have followed him for radicular and neuropathic symptoms in the lower extremities. For years he did well with a combination of medication and neuromodulation. Unfortunately, at one point, following a revision a number of years ago the IPG failed to work and then a complete revision of the system failed to restore coverage as well. He currently has stimulation in the low back but not in the lower extremities. We have tried to focus on adjunct of medical management in hopes of the keeping him comfortable.

Vital Signs:

Weight:	138 lbs
Height:	5' 10"
BMI:	19.80
BSA:	1.76
Temperature:	98.3 F (Tympanic)
BP:	116/64(Right Arm)(Sitting)
Pulse:	95(Right brachial)(Sitting)(Regular)
Respiration:	12
Oxygen:	98(Room air)

Allergy:
Quetiapine

ROS:
Other: Has seen an endocrinologist, had a heart catheterization, and is being followed

at Midlands Orthopedics for his nondisplaced left wrist fracture. No one has been able to come up with any etiology for the 40 pound weight loss.

Current Medication:
1 **Exalgo Er 16 Mg Tablet** SIG: Take 3 by mouth twice daily
2 **Percocet 10-325 Mg Tablet** SIG: Take 1 by mouth four times daily
3 **Phenergan 25 Mg Tablet** SIG: Take 1 daily
4 **Topamax 100 Mg Tablet** SIG: Take 1 twice daily
5 **Lomotil Tablet 2.5-0.025 Mg** SIG: Take 2 by mouth 4 times daily as needed prn diarrhea
6 **Theramine** SIG: Take 1 by mouth twice a day for 3 days, then increase to 1-2 by mouth twice a day on an empty stomach.
7 **Gabadone** SIG: Take 1-2 by mouth at bedtime
8 **Ambien Cr 12.5 Mg Tablet (Other MD)**
9 **Lamotrigine 25 Mg Tablet (Other MD)**
10 **Latanoprost 0.005% Eye Drops (Other MD)**
11 **Lomotil Tablet 2.5-0.025 Mg (Other MD)**
12 **Oxytrol 3.9 Mg/24hr Patch Mg/24 Hr (Other MD)**
13 **Provigil 100 Mg Tablet (Other MD)**
14 **Razadyne Er 8 Mg Capsule (Other MD)**
15 **Wellbutrin Xl 150 Mg Tablet (Other MD)**
16 **Cymbalta 60 Mg Capsule (Other MD)** SIG: Take 1 twice daily
17 **Donepezil Hcl 5 Mg Tablet (Other MD)** SIG: Take 1 twice daily
18 **Imitrex 50 Mg Tablet (Other MD)** SIG: As Needed
19 **Lidocaine Hcl 2% Gel (Other MD)** SIG: Apply as needed
20 **Methyl-B6-b12 (Other MD)** SIG: Take 1 twice daily
21 **Nexium Dr 40 Mg Capsule (Other MD)** SIG: Take 1 twice daily
22 **Polyethylene Glycol 3350 Powd (Other MD)** SIG: As Directed
23 **Trazodone 150 Mg Tablet (Other MD)** SIG: Take 1 by mouth every bed time

Medical History:
Patient is not currently taking a blood thinner.

Social History:
Marital Status: Married. He denies smoking cigarettes or use of any tobacco products.

Alcohol Use: He denies alcohol use.
He denies recreational drug use. Patient has Blue eyes.

Examination:
Pleasant, no acute distress, alert and oriented, good historian. Accompanied by friend / significant other With his long-time significant other.
Patient appears stated age.
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian He is discussing the falls he has taken including the one leading to the arm fracture.
Cervical Spine: Range of motion reasonably full Spurling's negative Lhermitte's absent.
Lungs: clear; no wheezing, rales, or rhonchi.

Heart: Regular rate and rhythm without murmur, gallops or rubs.
Upper Extremeties: Cast on the left arm.
Abdomen: Pulse generator and connectors are clearly visible.
Lumbar Spine: Lead wires and connectors are visible Incisional site is well healed. Low back and lower extremity exam and complaints are unchanged. Still using crutches for ambulation.
Integumentary: Cool and dry throughout.

Treatment Plan (R):
- Continue with current medications.
- No adjustments recommended today. Sentra PM is prescribed qhs in an effort to improve the interrupted sleep pattern. Theramine is prescribed BID to enhance pain relief. The below are prescribed with instructions on dosing and side effects and will hopefully reduce the current opioid and/ or sleep medication requirements.

Prescription:
Changed/Discontinued Medication(s):
Discontinued By Other MD: APEXICON E 0.05% CREAM - Per Patient
Discontinued By Other MD: Dukes Mouth Wash - Per Patient
Discontinued By Other MD: OXYBUTYNIN 5 MG TABLET - Per Patient
Discontinued By Other MD: TEROCIN LOTION 2.5-25-0.025-10 % - Per Patient

Discussion:
ADDENDUM: I discussed with them the concept of opioid hyperalgesia.
I further impress upon them the need to begin the Sentra PM and perhaps we can make some reductions in some of his other medications such as Ambien and trazodone
If he begins taking the a, and titrates to a therapeutic level perhaps we can reduce the X out go
I asked his significant other to discuss with every physician they see if there are any medications that perhaps can be discontinued since he is currently taking quite a few.

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Palmetto Pain Management
1655 Bernardin Avenue Suite #240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:
Supervising: Ezra B Riber, MD
Performing: Mike Robichaud, P.A.

Encounter Date: Jul 15, 2013

Patient: Polansky, Theodore P (0465001)
Gender: Male **DOB:** Apr 07, 1957 **Age:** 56 year
Race: White
Address:
Insurance: STATE ACCIDENT FUND-0015

Referred By: Edgar Deschamps

Chief Complaints:
- Low back and leg pain; neck pain.

HPI:
Mr. Polansky is a 56-year-old man injured in a work related incident back in 1998. We have followed him for a diagnosis of RSD as well as a radiculopathy in the lower extremities. For years he had very good quality relief with a combination of medication and neuromodulation. His stimulator failed to work following a IPG change and we have not been able to have coverage restored in spite of multiple revisions. He is currently being treated with medical management.
Patient is back today for scheduled follow-up. Being followed here for neck pain, back pain, and bilateral LE pain. Denies any new problems. Pain is a 6 on the 0 - 10 scale. His pain is worse because of the wet weather since his last visit. He is in today for medication refill. Approximately 1 month ago he fell and fractured his left wrist. He is being followed by Dr. Armsey for this fracture. He is currently of Ambien but continues to have difficulty sleeping.

Vital Signs:

Weight:	138 lbs
Height:	5' 10"
BMI:	19.80
BSA:	1.76
Temperature:	96.0 F (Tympanic)
BP:	117/64(Right Arm)(Sitting)
Pulse:	92(Right brachial)(Sitting)(Regular)
Respiration:	12

Oxygen: 100(Room air)

Allergy:
Quetiapine

ROS:
See HPI.

Current Medication:
1 Exalgo Er 16 Mg Tablet SIG: Take 3 by mouth twice daily
2 Percocet 10-325 Mg Tablet SIG: Take 1 by mouth four times daily
3 Phenergan 25 Mg Tablet SIG: Take 1 daily
4 Topamax 100 Mg Tablet SIG: Take 1 twice daily
5 Lomotil Tablet 2.5-0.025 Mg SIG: Take 2 by mouth 4 times daily as needed prn diarrhea
6 Theramine SIG: Take 1 by mouth twice a day for 3 days, then increase to 1-2 by mouth twice a day on an empty stomach.
7 Ambien Cr 12.5 Mg Tablet (Other MD)
8 Lamotrigine 25 Mg Tablet (Other MD)
9 Latanoprost 0.005% Eye Drops (Other MD)
10 Lomotil Tablet 2.5-0.025 Mg (Other MD)
11 Oxybutynin 5 Mg Tablet (Other MD)
12 Oxytrol 3.9 Mg/24hr Patch Mg/24 Hr (Other MD)
13 Provigil 100 Mg Tablet (Other MD)
14 Razadyne Er 8 Mg Capsule (Other MD)
15 Terocin Lotion 2.5-25-0.025-10 % (Other MD)
16 Wellbutrin Xl 150 Mg Tablet (Other MD)
17 Apexicon E 0.05% Cream (Other MD) SIG: Use As Directed
18 Cymbalta 60 Mg Capsule (Other MD) SIG: Take 1 twice daily
19 Donepezil Hcl 5 Mg Tablet (Other MD) SIG: Take 1 twice daily
20 Dukes Mouth Wash (Other MD) SIG: Use three times a day
21 Imitrex 50 Mg Tablet (Other MD) SIG: As Needed
22 Lidocaine Hcl 2% Gel (Other MD) SIG: Apply as needed
23 Methyl B6-b12 (Other MD) SIG: Take 1 twice daily
24 Nexium Dr 40 Mg Capsule (Other MD) SIG: Take 1 twice daily
25 Polyethylene Glycol 3350 Powd (Other MD) SIG: As Directed
26 Trazodone 150 Mg Tablet (Other MD) SIG: Take 1 by mouth every bed time

Medical History:
Past medical history is unchanged.

Social History:
Marital Status: Married. He denies smoking cigarettes or use of any tobacco products.

Alcohol Use: He denies alcohol use.
He denies recreational drug use. Patient has Blue eyes.

Examination:

Other: cast on his left wrist

HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.
Lungs: Lungs clear HEENT Regular Rate and Rhythm.
Heart: Regular rate and rhythm without murmur, gallops or rubs.
Gait: The patient is assisted by crutches.
General Appearance: The patient is a healthy, well appearing male, in no apperant distress.
Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.
Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person.There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:
724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 337.22 Reflex Sympathetic Dystrophy of Lower Limb 724.2 Lumbago 729.5 Pain in Limb 719.49 Pain in Joint of Multiple Sites 338.4 Chronic Pain Syndrome V58.69 Long-Term (Current) use of other Medications

Treatment Plan:
Follow-up with this office in 4 weeks(s) or sooner, if needed.
Patient can call our office with any questions or concenrs.
MEDICATIONS:
add GABAdone for sleep.

he is being considered for a new SCS developed by Medtronic which is now becoming available. When we are able to move forward with the new SCS, Dr. Riber will discuss it with him.

Treatment Plan (R):
GABAdone is prescribed qhs in an effort to improve the interrupted sleep pattern. The above are prescribed with instructions on dosing and side effects and will hopefully reduce the current opioid and/ or sleep medication requirements.

Prescription:
1 **Gabadone** SIG: Take 1-2 by mouth at bedtime QTY: 60.00
2 **Percocet 10-325 Mg Tablet** SIG: Take 1 by mouth four times daily QTY: 120.00
3 **Topamax 100 Mg Tablet** SIG: Take 1 twice daily QTY: 60.00
4 **Theramine** SIG: Take 1 by mouth twice a day for 3 days, then increase to 1-2 by mouth twice a day on an empty stomach. QTY: 90.00
5 **Exalgo Er 16 Mg Tablet** SIG: Take 3 by mouth twice daily QTY: 180.00
6 **Phenergan 25 Mg Tablet** SIG: Take 1 daily QTY: 30.00
7 **Lomotil Tablet 2.5-0.025 Mg** SIG: Take 2 by mouth 4 times daily as needed prn diarrhea QTY: 90.00

Discussion:

More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:
4 Week(s)

Palmetto Pain Management
1655 Bernardin Avenue Suite #240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:
Supervising: Ezra B Riber, MD
Performing: Mike Robichaud, P.A.

Encounter Date: Jun 14, 2013

Patient: Polansky, Theodore P (0465001)
Gender: Male **DOB:** Apr 07, 1957 **Age:** 56 year
Race: White
Address:
Insurance: STATE ACCIDENT FUND-0015

Referred By: Edgar Deschamps

Chief Complaints:
- Low back and leg pain; neck pain.

HPI:
Mr. Polansky is back today for a routine scheduled follow up. He is a 55-year-old man injured in a work related incident back in 1998. We have followed him for a diagnosis of RSD as well as a radiculopathy in the lower extremities. For years he had very good quality relief with a combination of medication and neuromodulation. His stimulator failed to work following a IPG change and we have not been able to have coverage restored in spite of multiple revisions.
Patient is back today for scheduled follow-up. Being followed here for neck pain, back pain, and bilateral LE pain. Denies any new problems. Pain is a 6 on the 0 - 10 scale. His pain is unchanged since his last visit. He is in today for medication refill.

Vital Signs:

Weight:	139 lbs
Height:	5' 10"
BMI:	19.94
BSA:	1.76
Temperature:	98.2 F (Tympanic)
BP:	112/68(Right Arm)(Sitting)
Pulse:	77(Right brachial)(Sitting)(Regular)
Respiration:	12
Oxygen:	100(Room air)

Allergy:

Quetiapine

ROS:
See HPI.

Current Medication:
1 Exalgo Er 16 Mg Tablet SIG: Take 3 by mouth twice daily
2 Percocet 10-325 Mg Tablet SIG: Take 1 by mouth four times daily
3 Phenergan 25 Mg Tablet SIG: Take 1 daily
4 Topamax 100 Mg Tablet SIG: Take 1 twice daily
5 Lomotil Tablet 2.5-0.025 Mg SIG: Take 2 by mouth 4 times daily as needed pm diarrhea
6 Ambien Cr 12.5 Mg Tablet (Other MD)
7 Lamotrigine 25 Mg Tablet (Other MD)
8 Latanoprost 0.005% Eye Drops (Other MD)
9 Lomotil Tablet 2.5-0.025 Mg (Other MD)
10 Oxybutynin 5 Mg Tablet (Other MD)
11 Oxytrol 3.9 Mg/24hr Patch Mg/24 Hr (Other MD)
12 Provigil 100 Mg Tablet (Other MD)
13 Razadyne Er 8 Mg Capsule (Other MD)
14 Terocin Lotion 2.5-25-0.025-10 % (Other MD)
15 Wellbutrin Xl 150 Mg Tablet (Other MD)
16 Apexicon E 0.05% Cream (Other MD) SIG: Use As Directed
17 Cymbalta 60 Mg Capsule (Other MD) SIG: Take 1 twice daily
18 Donepezil Hcl 5 Mg Tablet (Other MD) SIG: Take 1 twice daily
19 Dukes Mouth Wash (Other MD) SIG: Use three times a day
20 Imitrex 50 Mg Tablet (Other MD) SIG: As Needed
21 Lidocaine Hcl 2% Gel (Other MD) SIG: Apply as needed
22 Methyl B6-b12 (Other MD) SIG: Take 1 twice daily
23 Nexium Dr 40 Mg Capsule (Other MD) SIG: Take 1 twice daily
24 Polyethylene Glycol 3350 Powd (Other MD) SIG: As Directed
25 Trazodone 150 Mg Tablet (Other MD) SIG: Take 1 by mouth every bed time

Medical History:
Past medical history is unchanged.

Social History:
Marital Status: Married. He denies smoking cigarettes or use of any tobacco products.

Alcohol Use: He denies alcohol use.
He denies recreational drug use. Patient has Blue eyes.

Examination:
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.
Lungs: Lungs clear HEENT Regular Rate and Rhythm.
Heart: Regular rate and rhythm without murmur, gallops or rubs.
Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.
Gait: The patient is assisted by crutches.
General Appearance: The patient is a healthy, well appearing male, in no apperant distress.
Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.
Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person.There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:
724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 337.22 Reflex Sympathetic Dystrophy of Lower Limb 724.2 Lumbago 729.5 Pain in Limb 338.4 Chronic Pain Syndrome 719.49 Pain in Joint of Multiple Sites V58.69 Long-Term (Current) use of other Medications

Treatment Plan:
Continue with current medications, refilled today.
Follow-up with this office in 4 weeks(s) or sooner, if needed.
Patient can call our office with any questions or concenrs.
A urine specimen for UDT was taken today, for opiate compliance purposes. .
MEDICATIONS:
add Theramine.

Medtronic to interrogate and reprogram her SCS next visit.

Prescription:
1 **Theramine** SIG: Take 1 by mouth twice a day for 3 days, then increase to 1-2 by mouth twice a day on an empty stomach. QTY: 90.00
2 **Percocet 10-325 Mg Tablet** SIG: Take 1 by mouth four times daily QTY: 120.00
3 **Phenergan 25 Mg Tablet** SIG: Take 1 daily QTY: 30.00
4 **Topamax 100 Mg Tablet** SIG: Take 1 twice daily QTY: 60.00
5 **Exalgo Er 16 Mg Tablet** SIG: Take 3 by mouth twice daily QTY: 180.00
6 **Lomotil Tablet 2.5-0.025 Mg** SIG: Take 2 by mouth 4 times daily as needed prn diarrhea QTY: 90.00

Discussion:
More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:
4 Week(s)

Palmetto Pain Management
1655 Bernardin Avenue Suite #240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:
Supervising: Ezra B Riber, MD
Performing: Mike Robichaud, P.A.

Encounter Date: May 13, 2013

Patient: Polansky, Theodore P (0465001)
Gender: Male **DOB:** Apr 07, 1957 **Age:** 56 year
Race: White
Address:
Insurance: STATE ACCIDENT FUND-0015

Referred By: Edgar Deschamps

Chief Complaints:
- Low back and leg pain; neck pain.

HPI:
Mr. Polansky is back today for a routine scheduled follow up. He is a 55-year-old man injured in a work related incident back in 1998. We have followed him for a diagnosis of RSD as well as a radiculopathy in the lower extremities. For years he had very good quality relief with a combination of medication and neuromodulation. His stimulator failed to work following a IPG change and we have not been able to have coverage restored in spite of multiple revisions.
Patient is back today for scheduled follow-up. Being followed here for neck pain, back pain, and bilateral LE pain. Denies any new problems. Pain is a 7 on the 0 - 10 scale. His pain is unchanged since his last visit. He is in today for medication refill. Since last visit was admitted to BMC to R/O MI, work-up was negative for heart disease. Feeling better now, still with some SOB. Work-up continues with Pulmonology and Endocrinologist.

Vital Signs:

Weight:	143 lbs
Height:	5' 10"
BMI:	20.52
BSA:	1.79
Temperature:	97.9 F (Tympanic)
BP:	137/75(Right Arm)(Sitting)
Pulse:	71(Right brachial)(Sitting)(Regular)
Respiration:	12
Oxygen:	99(Room air)

Allergy:
Quetiapine

ROS:
See HPI.

Current Medication:
1 Exalgo Er 16 Mg Tablet SIG: Take 3 by mouth twice daily
2 Percocet 10-325 Mg Tablet SIG: Take 1 by mouth four times daily
3 Phenergan 25 Mg Tablet SIG: Take 1 daily
4 Topamax 100 Mg Tablet SIG: Take 1 twice daily
5 Lomotil Tablet 2.5-0.025 Mg SIG: Take 2 by mouth 4 times daily as needed pm diarrhea
6 Ambien Cr 12.5 Mg Tablet (Other MD)
7 Lamotrigine 25 Mg Tablet (Other MD)
8 Latanoprost 0.005% Eye Drops (Other MD)
9 Lomotil Tablet 2.5-0.025 Mg (Other MD)
10 Oxybutynin 5 Mg Tablet (Other MD)
11 Oxytrol 3.9 Mg/24hr Patch Mg/24 Hr (Other MD)
12 Provigil 100 Mg Tablet (Other MD)
13 Razadyne Er 8 Mg Capsule (Other MD)
14 Terocin Lotion 2.5-25-0.025-10 % (Other MD)
15 Wellbutrin Xl 150 Mg Tablet (Other MD)
16 Apexicon E 0.05% Cream (Other MD) SIG: Use As Directed
17 Cymbalta 60 Mg Capsule (Other MD) SIG: Take 1 twice daily
18 Donepezil Hcl 5 Mg Tablet (Other MD) SIG: Take 1 twice daily
19 Dukes Mouth Wash (Other MD) SIG: Use three times a day
20 Imitrex 50 Mg Tablet (Other MD) SIG: As Needed
21 Lidocaine Hcl 2% Gel (Other MD) SIG: Apply as needed
22 Methyl B6-b12 (Other MD) SIG: Take 1 twice daily
23 Nexium Dr 40 Mg Capsule (Other MD) SIG: Take 1 twice daily
24 Polyethylene Glycol 3350 Powd (Other MD) SIG: As Directed
25 Trazodone 150 Mg Tablet (Other MD) SIG: Take 1 by mouth every bed time

Medical History:
Past medical history is unchanged.

Social History:
Social history is unchanged from the previous visit.

Examination:
Other: no SOB or breathing difficulties.
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.
Lungs: Lungs clear HEENT Regular Rate and Rhythm.
Heart: Regular rate and rhythm without murmur, gallops or rubs.
Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.
Gait: The patient is assisted by crutches.
General Appearance: The patient is a healthy, well appearing male, in no apperant distress.
Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.
Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:
724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 337.22 Reflex Sympathetic Dystrophy of Lower Limb 724.2 Lumbago 729.5 Pain in Limb 338.4 Chronic Pain Syndrome 719.49 Pain in Joint of Multiple Sites V58.69 Long-Term (Current) use of other Medications

Treatment Plan:
Continue with current medications, refilled today.
Follow-up with this office in 4 weeks(s) or sooner, if needed.
Patient can call our office with any questions or concenrs. .

Prescription:
1 **Phenergan 25 Mg Tablet** SIG: Take 1 daily QTY: 30.00
2 **Topamax 100 Mg Tablet** SIG: Take 1 twice daily QTY: 60.00
3 **Percocet 10-325 Mg Tablet** SIG: Take 1 by mouth four times daily QTY: 120.00
4 **Exalgo Er 16 Mg Tablet** SIG: Take 3 by mouth twice daily QTY: 180.00

Discussion:
More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:
4 Week(s)

Palmetto Pain Management
1655 Bernardin Avenue Suite #240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider: Ezra B Riber, MD
Encounter Date: Apr 12, 2013

Patient: Polansky, Theodore P (0465001)
Gender: Male **DOB:** Apr 07, 1957 **Age:** 56 year
Race: White
Address:
Insurance: STATE ACCIDENT FUND-0015

Referred By: Edgar Deschamps

Chief Complaints:
- Low back and leg pain; neck pain.

HPI:
Mr. Polansky is back today for a routine scheduled follow up. He is a 55-year-old man injured in a work related incident back in 1998. We have followed him for a diagnosis of RSD as well as a radiculopathy in the lower extremities. For years he had very good quality relief with a combination of medication and neuromodulation. His stimulator failed to work following a IPG change and we have not been able to have coverage restored in spite of multiple revisions.

Patient complains of neck pain, lower back pain, left lower extremity pain and right lower extremity pain. He does not report any change in location of pain. Patient denies any change in characteristics of pain since last visit. Patient denies any new symptoms. No new injuries since last visit.

His LBP and neck pain is worse since his last visit. He Medtronic SCS is not working. He will need his SCS replaced we are waiting for a new 32 point lead which is new to the market. He rates his pain as a 7 on a scale of 0-10. He is in today for medication refill. He denies any other new questions, concerns, or complaints.

Vital Signs:

Weight:	143 lbs
Height:	5' 10"
BMI:	20.52
BSA:	1.79
Temperature:	99.2 F (Tympanic)
BP:	114/68(Right Arm)(Sitting)
Pulse:	91(Right brachial)(Sitting)(Regular)

Respiration: 14
Oxygen: 97(Room air)

Allergy:
Quetiapine

ROS:
See HPI.

Current Medication:
1 Exalgo Er 16 Mg Tablet SIG: Take 3 by mouth twice daily
2 Percocet 10-325 Mg Tablet SIG: Take 1 by mouth four times daily
3 Phenergan 25 Mg Tablet SIG: Take 1 daily
4 Topamax 100 Mg Tablet SIG: Take 1 twice daily
5 Ambien Cr 12.5 Mg Tablet (Other MD)
6 Lamotrigine 25 Mg Tablet (Other MD)
7 Latanoprost 0.005% Eye Drops (Other MD)
8 Lomotil Tablet 2.5-0.025 Mg (Other MD)
9 Oxybutynin 5 Mg Tablet (Other MD)
10 Oxytrol 3.9 Mg/24hr Patch Mg/24 Hr (Other MD)
11 Provigil 100 Mg Tablet (Other MD)
12 Razadyne Er 8 Mg Capsule (Other MD)
13 Terocin Lotion 2.5-25-0.025-10 % (Other MD)
14 Wellbutrin Xl 150 Mg Tablet (Other MD)
15 Apexicon E 0.05% Cream (Other MD) SIG: Use As Directed
16 Cymbalta 60 Mg Capsule (Other MD) SIG: Take 1 twice daily
17 Donepezil Hcl 5 Mg Tablet (Other MD) SIG: Take 1 twice daily
18 Dukes Mouth Wash (Other MD) SIG: Use three times a day
19 Imitrex 50 Mg Tablet (Other MD) SIG: As Needed
20 Lidocaine Hcl 2% Gel (Other MD) SIG: Apply as needed
21 Methyl B6-b12 (Other MD) SIG: Take 1 twice daily
22 Nexium Dr 40 Mg Capsule (Other MD) SIG: Take 1 twice daily
23 Polyethylene Glycol 3350 Powd (Other MD) SIG: As Directed
24 Trazodone 150 Mg Tablet (Other MD) SIG: Take 1 by mouth every bed time

Medical History:
left knee surgery has been recommended by Dr. Fowble. Not sure if wants surgery at the present time.

Social History:
Social history is unchanged from the previous visit.

Examination:
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.
Lungs: Lungs clear HEENT Regular Rate and Rhythm.
Heart: Regular rate and rhythm without murmur, gallops or rubs.
Back and lower extremity exam and complaints unchanged.

Neck and upper extremity exam and complaints unchanged.
Gait: The patient is assisted by crutches.
General Appearance: The patient is a healthy, well appearing male, in no apperant distress.
Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.
Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:
724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 337.22 Reflex Sympathetic Dystrophy of Lower Limb 724.2 Lumbago 729.5 Pain in Limb 338.4 Chronic Pain Syndrome 719.49 Pain in Joint of Multiple Sites V58.69 Long-Term (Current) use of other Medications

Treatment Plan:
Continue with current medications, refilled today.
Follow-up with this office in 4 weeks(s) or sooner, if needed.
Patient can call our office with any questions or concenrs. .

His SCS continues to not provide good coverage even after reprogramming today. He will need replacement of his SCS. We are waiting on a new type of lead being developed.

Prescription:
1 **Lomotil Tablet 2.5-0.025 Mg** SIG: Take 2 by mouth 4 times daily as needed prn diarrhea QTY: 90.00
2 **Phenergan 25 Mg Tablet** SIG: Take 1 daily QTY: 30.00
3 **Topamax 100 Mg Tablet** SIG: Take 1 twice daily QTY: 60.00
4 **Exalgo Er 16 Mg Tablet** SIG: Take 3 by mouth twice daily QTY: 180.00
5 **Percocet 10-325 Mg Tablet** SIG: Take 1 by mouth four times daily QTY: 120.00

Discussion:
More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:
4 Week(s)

Palmetto Pain Management
1655 Bernardin Avenue Suite #240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note

Provider:
Supervising: Ezra B Riber, MD
Performing: Mike Robichaud, P.A.

Encounter Date: Mar 29, 2013

Patient: Polansky, Theodore P (0465001)
Gender: Male **DOB:** Apr 07, 1957 **Age:** 55 year
Race: White
Address:
Insurance: STATE ACCIDENT FUND-0015

Referred By: Edgar Deschamps

Chief Complaints:
- Low back and leg pain; neck pain.

HPI:
Mr. Polansky is back today for a routine scheduled follow up. He is a 55-year-old man injured in a work related incident back in 1998. We have followed him for a diagnosis of RSD as well as a radiculopathy in the lower extremities. For years he had very good quality relief with a combination of medication and neuromodulation. His stimulator failed to work following a IPG change and we have not been able to have coverage restored in spite of multiple revisions.

Patient complains of neck pain, lower back pain, left lower extremity pain and right lower extremity pain. He does not report any change in location of pain. Patient denies any change in characteristics of pain since last visit. Patient denies any new symptoms. No new injuries since last visit.

His LBP and neck pain is about the same since his last visit. He is in today to have the Medtronic representative evaluated his SCS and for medication refill. He denies any other new questions, concerns, or complaints.

Allergy:
Quetiapine

ROS:
See HPI.

Current Medication:

1 Exalgo Er 16 Mg Tablet SIG: Take 3 by mouth twice daily
2 Percocet 10-325 Mg Tablet SIG: Take 1 by mouth four times daily
3 Phenergan 25 Mg Tablet SIG: Take 1 daily
4 Topamax 100 Mg Tablet SIG: Take 1 twice daily
5 Ambien Cr 12.5 Mg Tablet (Other MD)
6 Lamotrigine 25 Mg Tablet (Other MD)
7 Latanoprost 0.005% Eye Drops (Other MD)
8 Lomotil Tablet 2.5-0.025 Mg (Other MD)
9 Oxybutynin 5 Mg Tablet (Other MD)
10 Oxytrol 3.9 Mg/24hr Patch Mg/24 Hr (Other MD)
11 Provigil 100 Mg Tablet (Other MD)
12 Razadyne Er 8 Mg Capsule (Other MD)
13 Terocin Lotion 2.5-25-0.025-10 % (Other MD)
14 Wellbutrin Xl 150 Mg Tablet (Other MD)
15 Apexicon E 0.05% Cream (Other MD) SIG: Use As Directed
16 Cymbalta 60 Mg Capsule (Other MD) SIG: Take 1 twice daily
17 Donepezil Hcl 5 Mg Tablet (Other MD) SIG: Take 1 twice daily
18 Dukes Mouth Wash (Other MD) SIG: Use three times a day
19 Imitrex 50 Mg Tablet (Other MD) SIG: As Needed
20 Lidocaine Hcl 2% Gel (Other MD) SIG: Apply as needed
21 Methyl B6-b12 (Other MD) SIG: Take 1 twice daily
22 Nexium Dr 40 Mg Capsule (Other MD) SIG: Take 1 twice daily
23 Polyethylene Glycol 3350 Powd (Other MD) SIG: As Directed
24 Trazodone 150 Mg Tablet (Other MD) SIG: Take 1 by mouth every bed time

Medical History:
Past medical history is unchanged.

Social History:
Social history is unchanged from the previous visit.

Examination:
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.
Lungs: Lungs clear HEENT Regular Rate and Rhythm.
Heart: Regular rate and rhythm without murmur, gallops or rubs.
Back and lower extremity exam and complaints unchanged.
Neck and upper extremity exam and complaints unchanged.
Gait: Patient ambulates without a device. Gait of the patient is normal.
General Appearance: The patient is a healthy, well appearing male, in no apperant distress.
Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.
Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:

724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 337.22 Reflex Sympathetic Dystrophy of Lower Limb 724.2 Lumbago 729.5 Pain in Limb 338.4 Chronic Pain Syndrome 719.49 Pain in Joint of Multiple Sites V58.69 Long-Term (Current) use of other Medications

Treatment Plan:
Continue with current medications, refilled today.
Follow-up with this office in 4 weeks(s) or sooner, if needed.
Patient can call our office with any questions or concenrs. .

His SCS continues to not provide good coverage even after reprogramming today. He will need replacement of his SCS. He is not ready to move forward with surgery at this time.

Discussion:
More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:
4 Week(s)

Palmetto Pain Management
1655 Bernardin Avenue Suite #240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note

Provider:
Supervising: Ezra B Riber, MD
Performing: Mike Robichaud, P.A.

Encounter Date: Mar 15, 2013

Patient: Polansky, Theodore P (0465001)
Gender: Male **DOB:** Apr 07, 1957 **Age:** 55 year
Race: White
Address:
Insurance: STATE ACCIDENT FUND-0015

Referred By: Edgar Deschamps

Chief Complaints:
- Low back and leg pain; neck pain.

HPI:
Mr. Polansky is back today for a routine scheduled follow up. He is a 55-year-old man injured in a work related incident back in 1998. We have followed him for a diagnosis of RSD as well as a radiculopathy in the lower extremities. For years he had very good quality relief with a combination of medication and neuromodulation. His stimulator failed to work following a IPG change and we have not been able to have coverage restored in spite of multiple revisions.

Patient complains of neck pain, lower back pain, left lower extremity pain and right lower extremity pain. He does not report any change in location of pain. Patient denies any change in characteristics of pain since last visit. Patient denies any new symptoms. No new injuries since last visit.

His LBP and neck pain is worse since his last visit without inciting event. He is in today to have the Medtronic representative evaluated his SCS and for medication refill. However the Medtronic representative could not be here today and his appointment with Medtronic was rescheduled to 3/29/13. He denies any other new questions, concerns, or complaints.

Vital Signs:

Weight:	148 lbs
Height:	5' 10"
BMI:	21.23
BSA:	1.82

Temperature: 99.0 F (Tympanic)
BP: 123/73(Right Arm)(Sitting)
Pulse: 86(Right brachial)(Sitting)(Regular)
Respiration: 14
Oxygen: 97(Room air)

Allergy:
Quetiapine

ROS:
See HPI.

Current Medication:
1 Exalgo Er 16 Mg Tablet SIG: Take 3 by mouth twice daily
2 Percocet 10-325 Mg Tablet SIG: Take 1 by mouth four times daily
3 Phenergan 25 Mg Tablet SIG: Take 1 daily
4 Topamax 100 Mg Tablet SIG: Take 1 twice daily
5 Ambien Cr 12.5 Mg Tablet (Other MD)
6 Lamotrigine 25 Mg Tablet (Other MD)
7 Latanoprost 0.005% Eye Drops (Other MD)
8 Lomotil Tablet 2.5-0.025 Mg (Other MD)
9 Oxybutynin 5 Mg Tablet (Other MD)
10 Oxytrol 3.9 Mg/24hr Patch Mg/24 Hr (Other MD)
11 Provigil 100 Mg Tablet (Other MD)
12 Razadyne Er 8 Mg Capsule (Other MD)
13 Terocin Lotion 2.5-25-0.025-10 % (Other MD)
14 Wellbutrin Xl 150 Mg Tablet (Other MD)
15 Apexicon E 0.05% Cream (Other MD) SIG: Use As Directed
16 Cymbalta 60 Mg Capsule (Other MD) SIG: Take 1 twice daily
17 Donepezil Hcl 5 Mg Tablet (Other MD) SIG: Take 1 twice daily
18 Dukes Mouth Wash (Other MD) SIG: Use three times a day
19 Imitrex 50 Mg Tablet (Other MD) SIG: As Needed
20 Lidocaine Hcl 2% Gel (Other MD) SIG: Apply as needed
21 Methyl B6-b12 (Other MD) SIG: Take 1 twice daily
22 Nexium Dr 40 Mg Capsule (Other MD) SIG: Take 1 twice daily
23 Polyethylene Glycol 3350 Powd (Other MD) SIG: As Directed
24 Trazodone 150 Mg Tablet (Other MD) SIG: Take 1 by mouth every bed time

Medical History:
Past medical history is unchanged.

Social History:
Social history is unchanged from the previous visit.

Examination:
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.
Lungs: Lungs clear HEENT Regular Rate and Rhythm.

Heart: Regular rate and rhythm without murmur, gallops or rubs.
Back and lower extremity exam and complaints unchanged.
Neck and upper extremity exam and complaints unchanged.
Gait: Patient ambulates without a device. Gait of the patient is normal.
General Appearance: The patient is a healthy, well appearing male, in no apperant distress.
Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.
Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person. There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

Diagnosis/Decision Making:
724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 337.22 Reflex Sympathetic Dystrophy of Lower Limb 724.2 Lumbago 729.5 Pain in Limb 338.4 Chronic Pain Syndrome 719.49 Pain in Joint of Multiple Sites V58.69 Long-Term (Current) use of other Medications

Treatment Plan:
Continue with current medications, refilled today.
Follow-up with this office in 4 weeks(s) or sooner, if needed.
Patient can call our office with any questions or concenrs.
A urine specimen for UDT was taken today, for opiate compliance purposes. .

The patient has a documented medical illness that necessitates the adminstration of chronic pain-related medications. These medications may include opiates, muscle relaxants, anti-convulsants, local anesthetics, sedatives and hypnotics. These medications will change, as the medical condition changes and as patient response may dictate.

Chronic malignant and chronic non-malignant pain result in physical, emotional and psychiatric impairment. Treatment of the pain and pain-related complaints is necessary to ensure a reasonably comfortable existence and is medically necessary to prevent further deterioration of sleep cycles, worsening of depressive symptoms and further diminution of physical capability/ambulation.

RISKS REVIEWED: The risks of the prescription medications were reviewed. The patient understands the nature of adherence to instructions and well understands the risks of non-adherence to the prescription regimen.

His SCS continues to not provide good coverage, appointment with the Medtronic representative is scheduled for 3/29/13 for evaluation of his SCS.

Prescription:
1 Exalgo Er 16 Mg Tablet SIG: Take 3 by mouth twice daily QTY: 180.00
2 Percocet 10-325 Mg Tablet SIG: Take 1 by mouth four times daily QTY: 120.00
3 Phenergan 25 Mg Tablet SIG: Take 1 daily QTY: 30.00

4 Topamax 100 Mg Tablet SIG: Take 1 twice daily QTY: 60.00

Discussion:
More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

Followup:
4 Week(s)
He might benefit from the use of a well fitted with an adjustable lumbar support

Palmetto Pain Management
1655 Bernardin Avenue Suite #240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note

Provider: Ezra B Riber, MD
Encounter Date: Feb 15, 2013

Patient: Polansky, Theodore P (0465001)
Gender: Male **DOB:** Apr 07, 1957 **Age:** 55 year
Race: White
Address:
Insurance: STATE ACCIDENT FUND-0015

Referred By: Edgar Deschamps

Chief Complaints:
- Low back and leg pain.

HPI:
Mr. Polansky is back today for a routine scheduled follow up. He is a 55-year-old man injured in a work related incident back in 1998. We have followed him for a diagnosis of RSD as well as a radiculopathy in the lower extremities. For years she had very good quality relief with a combination of medication and neuromodulation. His stimulator failed to work following a IPG change and we have not been able to have coverage restored in spite of multiple revisions. Today he is complaining of severe localized low back discomfort for the past week or so. Exam suggests it is over one of the lead sites and he continues to lose weight as well, likely contributing to the problem.

Vital Signs:

Weight:	144 lbs
Height:	5' 10"
BMI:	20.66
BSA:	1.79
Temperature:	97.7 F (Tympanic)
BP:	115/66(Right Arm)(Sitting)
Pulse:	103(Right brachial)(Sitting)(Regular)
Respiration:	14
Oxygen:	100(Room air)

Allergy:
Quetiapine

Current Medication:
1 **Exalgo Er 16 Mg Tablet** SIG: Take 3 by mouth twice daily
2 **Percocet 10-325 Mg Tablet** SIG: Take 1 by mouth four times daily

3 Phenergan 25 Mg Tablet SIG: Take 1 daily
4 Topamax 100 Mg Tablet SIG: Take 1 twice daily
5 Ambien Cr 12.5 Mg Tablet (Other MD)
6 Lamotrigine 25 Mg Tablet (Other MD)
7 Latanoprost 0.005% Eye Drops (Other MD)
8 Lomotil Tablet 2.5-0.025 Mg (Other MD)
9 Oxybutynin 5 Mg Tablet (Other MD)
10 Oxytrol 3.9 Mg/24hr Patch Mg/24 Hr (Other MD)
11 Provigil 100 Mg Tablet (Other MD)
12 Razadyne Er 8 Mg Capsule (Other MD)
13 Terocin Lotion 2.5-25-0.025-10 % (Other MD)
14 Wellbutrin Xl 150 Mg Tablet (Other MD)
15 Apexicon E 0.05% Cream (Other MD) SIG: Use As Directed
16 Cymbalta 60 Mg Capsule (Other MD) SIG: Take 1 twice daily
17 Donepezil Hcl 5 Mg Tablet (Other MD) SIG: Take 1 twice daily
18 Dukes Mouth Wash (Other MD) SIG: Use three times a day
19 Imitrex 50 Mg Tablet (Other MD) SIG: As Needed
20 Lidocaine Hcl 2% Gel (Other MD) SIG: Apply as needed
21 Methyl B6-b12 (Other MD) SIG: Take 1 twice daily
22 Nexium Dr 40 Mg Capsule (Other MD) SIG: Take 1 twice daily
23 Polyethylene Glycol 3350 Powd (Other MD) SIG: As Directed
24 Trazodone 150 Mg Tablet (Other MD) SIG: Take 1 by mouth every bed time

Examination:
Pleasant, no acute distress, alert and oriented, good historian. Accompanied by family member.
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.
Lungs: Lungs clear, heart rate regular rhythm.
Heart: Regular rate and rhythm without murmur, gallops or rubs.
There is a site in the middle of the low back where the lead is palpable. There is no bruising or erythema and no dysesthetic pain. However the lead is very superficial and the area is tender. There's no breakdown of the skin at the site. He was taken to the fluoroscopy suite and in fact his painful area is directly over one of the superficial lead sites. There does not appear to be any break or sharp edge in the lead.

Diagnosis/Decision Making:
724.4 Thoracic or Lumbosacral Neuritis or Radiculitis Not Otherwise Specified
337.22 Reflex Sympathetic Dystrophy of Lower Limb
724.2 Lumbago
729.5 Pain in Limb
338.4 Chronic Pain Syndrome
719.49 Pain in Joint of Multiple Sites
V58.69 Long-Term (Current) use of other Medications

Treatment Plan:
Continue with current medications
I am converting him back to once a day dosing on the Exago

How one point we had tried twice a day dosing
He needs to use the TPS cream over the painful area in the low back
He will apply the medication a minimum of 4 times per day
He will let me know next week if there is any improvement
We will also have Medtronic see him at the time of the next visit and he will make sure that his IPG remains charged.

Prescription:
1 Exalgo Er 16 Mg Tablet SIG: Take 3 by mouth twice daily QTY: 180.00
2 Percocet 10-325 Mg Tablet SIG: Take 1 by mouth four times daily QTY: 120.00
3 Phenergan 25 Mg Tablet SIG: Take 1 daily QTY: 30.00
4 Topamax 100 Mg Tablet SIG: Take 1 twice daily QTY: 60.00

Followup:
4 Week(s)
He might benefit from the use of a well fitted with an adjustable lumbar support

Palmetto Pain Management
1655 Bernardin Avenue Suite #240
Columbia SC 292042039
Phone: 803-779-3263 Fax: 803-779-3207

Visit Note - Office Visit

Provider:
Supervising: Ezra B Riber, MD
Performing: Mike Robichaud, P.A.

Encounter Date: Dec 17, 2012

Patient: Polansky, Theodore P (0465001)
Gender: Male **DOB:** Apr 07, 1957 **Age:** 55 year
Race: White
Address:
Insurance: STATE ACCIDENT FUND-0015

Referred By: Edgar Deschamps

Chief Complaints:
- back and leg pain; stim not working well.

HPI:
Mr. Polansky, Theodore P, a 55 year old white male patient is in the office today for a follow up appointment.

Patient complains of lower back pain, right upper extremity pain, left lower extremity pain and right lower extremity pain. Pain level has increased since last visit. He does not report any change in location of pain. Patient denies any change in characteristics of pain since last visit. Patient denies any new symptoms. No new injuries since last visit.

SCS not working well, did not get improved coverage fro reprogramming last visit. States his right UE pain is worse today without inciting event. Also complains of left foot pain, is seeing a Podiatrist.

Vital Signs:

Weight:	146 lbs
Height:	5' 10"
BMI:	20.95
Temperature:	97.5 F (Tympanic)
BP:	116/67(Right Arm)(Sitting)
Pulse:	90(Right brachial)(Sitting)(Regular)
Respiration:	14
Oxygen:	98(Room air)

Allergy:
Quetiapine

Current Medication:
1 Exalgo Er 16 Mg Tablet SIG: Take 3 by mouth twice daily
2 Percocet 10-325 Mg Tablet SIG: Take 1 by mouth four times daily
3 Phenergan 25 Mg Tablet SIG: Take 1 daily
4 Topamax 100 Mg Tablet SIG: Take 1 twice daily
5 Ambien Cr 12.5 Mg Tablet (Other MD)
6 Lamotrigine 25 Mg Tablet (Other MD)
7 Latanoprost 0.005% Eye Drops (Other MD)
8 Lomotil Tablet 2.5-0.025 Mg (Other MD)
9 Oxybutynin 5 Mg Tablet (Other MD)
10 Oxytrol 3.9 Mg/24hr Patch Mg/24 Hr (Other MD)
11 Provigil 100 Mg Tablet (Other MD)
12 Razadyne Er 8 Mg Capsule (Other MD)
13 Terocin Lotion 2.5-25-0.025-10 % (Other MD)
14 Wellbutrin Xl 150 Mg Tablet (Other MD)
15 Apexicon E 0.05% Cream (Other MD) SIG: Use As Directed
16 Cymbalta 60 Mg Capsule (Other MD) SIG: Take 1 twice daily
17 Donepezil Hcl 5 Mg Tablet (Other MD) SIG: Take 1 twice daily
18 Dukes Mouth Wash (Other MD) SIG: Use three times a day
19 Imitrex 50 Mg Tablet (Other MD) SIG: As Needed
20 Lidocaine Hcl 2% Gel (Other MD) SIG: Apply as needed
21 Methyl B6-b12 (Other MD) SIG: Take 1 twice daily
22 Nexium Dr 40 Mg Capsule (Other MD) SIG: Take 1 twice daily
23 Polyethylene Glycol 3350 Powd (Other MD) SIG: As Directed
24 Trazodone 150 Mg Tablet (Other MD) SIG: Take 1 by mouth every bed time

Examination:
HEENT: Alert and Oriented X 3. Speech and content are appropriate. Patient is a good historian.
Lungs: Lungs clear HEENT Regular Rate and Rhythm.
Heart: Regular rate and rhythm without murmur, gallops or rubs.
Gait: The patient is assisted by crutches and right limp.; .
General Appearance: The patient is a healthy, well appearing male, in no apperant distress.
Cardiovascular: Normal sinus rhythm with normal S1 and S2 without audible click, murmur or rub.
Psychiatric: Patient is conscious, cooperative and well oriented to time, place and person.There are no mood swings or psychotic features. Patient's insight is good. Memory and judgement are intact.

~~5/5 strength bilateral LE.~~
reduced range of motion right knee with knee brace.

Diagnosis/Decision Making:
337.22 Reflex Sympathetic Dystrophy of Lower Limb 724.4 Thoracic or

Lumbosacral Neuritis or Radiculitis Not Otherwise Specified 729.5 Pain in Limb 719.49 Pain in Joint of Multiple Sites 724.2 Lumbago

Treatment Plan:
Continue with current medications, refilled today.
No changes recommended.
Follow-up with this office in 4 weeks(s) or sooner, if needed.
Patient can call our office with any questions or concenrs.
A urine specimen for UDT was taken today, for opiate compliance purposes. .

The patient has a documented medical illness that necessitates the adminstration of chronic pain-related medications. These medications may include opiates, muscle relaxants, anti-convulsants, local anesthetics, sedatives and hypnotics. These medications will change, as the medical condition changes and as patient response may dictate.

Chronic malignant and chronic non-malignant pain result in physical, emotional and psychiatric impairment. Treatment of the pain and pain-related complaints is necessary to ensure a reasonably comfortable existence and is medically necessary to prevent further deterioration of sleep cycles, worsening of depressive symptoms and further diminution of physical capability/ambulation.
Device interrogated by Medtronic rep last visit. Coverage could not be enhanced Dr. Riber to consider a SCS trial with the 16 point lead, will also review new technology as a possibility.

NECESSITY OF CHRONIC PAIN MEDICATION: The patient requires the chronic administration of pain-related medications for symptomatic control of a chronic medical condition in which pain is an important factor.

NECESSARY FOR QUALITY OF LIFE: These medications are necessary, on a chronic basis, to ensure an improved quality of life. Without adequate symptom control, sleep dysfunction (insomnia) develops, depression results, ambulation/vocation/avocation suffers.

RISKS REVIEWED: The risks of the prescription medications were reviewed. The patient understands the nature of adherence to instructions and well understands the risks of non-adherence to the prescription regimen.

Prescription:
1 **Phenergan 25 Mg Tablet** SIG: Take 1 daily QTY: 30.00
2 **Topamax 100 Mg Tablet** SIG: Take 1 twice daily QTY: 60.00
3 **Exalgo Er 16 Mg Tablet** SIG: Take 3 by mouth twice daily QTY: 180.00
4 **Percocet 10-325 Mg Tablet** SIG: Take 1 by mouth four times daily QTY: 120.00

Changed/Discontinued Medication(s):
Discontinued By Other MD: PROMETHAZINE 50 MG TABLET - duplicate

Discussion:
More than 50% of the time spent with the patient today, was devoted to counseling, education and coordination of care.

DATE: Monday, September 17, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and lower extremity pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 54-year-old male in today for routine, follow-up appointment. On his last visit, patient's spinal cord stimulator was reprogrammed by Medtronic. Patient states that at this point, he doesn't feel like his spinal cord stimulator is really providing any better coverage prior to reprogramming. Today, patient states his pain is 7 on a 0-10 scale. He denies any new symptoms. Patient states his medications are working well for him and he denies any side effects. Patient is requesting that he be restarted on Topamax, as this is probably not the reason for the problems he was having with his tongue. Patient denies any other problems, questions or concerns at the present time.

CURRENT MEDICATIONS: Written out of this office are Exalgo, Topiramate, and Oxycodone.

REVIEW OF SYSTEMS: As per HPI. Patient is still seeing Dr. Frank Forsthoefel.

SOCIAL HISTORY: No change.

PHYSICAL EXAMINATION:
Weight: 144 lbs.
Blood Pressure: 139/80. Pulse: 81. Respirations: 14. Temperature: 98.6. SaO2: 100% on room air. Mr. Polansky is a pleasant male in no acute distress. Accompanied by his significant other.
HEENT: Alert and oriented x3. Speech and content are appropriate. Lungs: Clear to auscultation bilaterally. Heart: Regular rate and rhythm without murmur, gallops or rubs. Cervical Spine: Exam and complaints unchanged. Upper Extremities, Low Back and throughout. Lower Extremities: Exam and complaints are unchanged. Gait: Antalgic. Integumentary: Skin is warm, dry and intact

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Medtronic representative reprogrammed the patient's stimulator with better coverage. However, patient states his coverage is degraded in the last week or two.

PLAN:
1. Will restart Topamax.
2. Continue with current medications, refilled today.
3. Patient was instructed on dosing and side effects.
4. Patient to continue with Dr. Frank Forsthoefel.
5. A urine specimen was taken today for routine baseline testing.
6. Follow-up with us in one month or sooner if needed.
7. Patient can call our office with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Michael J. Robichaud PA-C

I have read and reviewed the above recommendations and agree with the plan of care.

Ezra B. Riber, MD

cc: Mee Ling Khoun-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jones 779-7522

DATE: Monday, September 17, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and lower extremity pain

Dr. Lee Ayers 731-7887
Dr. Edgar Deschamps 790-6130

DATE: Tuesday, August 28, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and lower extremity pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 54-year-old male in today to have his spinal cord stimulator reprogrammed by the Medtronic representative. The Medtronic representative worked with the patient today. The Medtronic representative indicates that his spinal cord stimulator and leads are functioning properly. However, patient states that he has a stinging sensation when the machine is on. Medtronic could find no malfunction in the system. Patient indicates the coverage is a little better after the stimulator was reprogrammed. The Medtronic representative advised patient to try the stimulator with the new programs and see if the stinging sensation will resolve. Patient is to call the Medtronic representative if the stinging sensation continues. Today, patient states his pain is 7 on a 0-10 scale. Patient denies any other problems, questions or concerns at the present time.

CURRENT MEDICATIONS: Written out of this office are Exelgo, Topiramate, and Oxycodone.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No change.

PHYSICAL EXAMINATION:
Weight: 144 lbs.
Blood Pressure: 110/67. Pulse: 80. Respirations: 14. Temperature: 97.7. SaO2: 100% on room air. Mr. Polansky is a pleasant male in no acute distress.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Medtronic representative reprogrammed the patient's stimulator with better coverage. However, patient continues to have a stinging sensation with the stimulator.

PLAN:
1. Patient to try new programming to see if stinging sensation resolves.
2. Patient to call Medtronic representative if the stinging sensation continues.
3. Patient to keep his already scheduled follow-up appointment.
4. Patient can call our office with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Michael J. Robichaud PA-C

I have read and reviewed the above recommendations and agree with the plan of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522
Dr. Lee Ayers 731-7887
Dr. Edgar Deschamps 790-6130

DATE: Monday, August 20, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and lower extremity pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is in today for routine, scheduled follow-up appointment. We have followed him since 2002 for chronic, intractable pain following a work-related incident. He was diagnosed with RSD in the left lower extremity and a radicular syndrome on the right side. He had aggressive, conservative, interventional treatment including implantation of a spinal cord stimulator. He has also had a history of revision and explant of his stimulator with a new stimulator implanted in October 2011. Today, his spinal cord stimulator was evaluated by the Medtronic representative. It was found that his battery was too low to reprogram today. Patient will recharge his battery and will reschedule for reprogramming by the Medtronic representative. Patient states today that his pain is 7 on a 0-10 scale, which is a little worse than his baseline. Patient states he has been in the hospital a couple of times this year with pneumonia and has lost approximately 34 pounds since December. Patient states that while he was in the hospital, he developed thrush, which was treated. However, patient continues to have a painful tongue, which is being followed by Dr. Ayres, his orthodontist. Today, patient complains of bilateral nipple pain. He states that he has developed this pain over the last couple of months. Patient is also noted today to have blood pressure of 94/55. Patient denies any syncope. Patient states his medications are working well for him and he denies any side effects. Patient denies any other problems, questions or concerns at the present time.

CURRENT MEDICATIONS: Written out of this office are Exalgo, Topiramate, and Oxycodone.

REVIEW OF SYSTEMS: As per HPI. Patient has complaints of bilateral nipple pain today.

SOCIAL HISTORY: No change.

PHYSICAL EXAMINATION:
Weight: 144 lbs.
Blood Pressure: 94/55. Pulse: 94. Respirations: 14. Temperature: 96.3. SaO2: 99% on room air. Mr. Polansky is a pleasant male in no acute distress. He is accompanied by his significant other.
HEENT: Alert and oriented x3. Speech and content are appropriate. Patient is a good historian. Lungs: Clear to auscultation bilaterally. Heart: Regular rate and rhythm without murmur, gallops or rubs. Lumbar Spine: Exam is unchanged. Gait: Patient walks with crutches and has a left lower extremity limp without foot drop. Integumentary: Skin is warm, dry and intact throughout. It is noted that patient has lost significant weight. His spinal cord stimulator battery and wires are visible through his skin at this time.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. 35-pound weight loss associated with oral thrush (resolving) and as yet undefined oral pain syndrome.
7. Patient continues with oral pain despite elimination of Topamax and Cymbalta from his medication list.
8. Bilateral nipple pain, etiology unknown.

PLAN:
1. Recommended that patient discuss with his primary care physician, Dr. Edgar Deschamps, his symptoms of bilateral nipple pain, coupled with his low blood pressure. Patient will have follow-up with his primary care physician.
2. Continue with current medications, refilled today.

DATE: Monday, August 20, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and lower extremity pain

3. No changes recommended.

4. Patient was reinstructed on dosing and side effects.
5. Patient to continue follow-up with Dr. Frank Forsthoefel and Dr. Ayres.
6. Patient to charge his spinal cord stimulator battery.
7. Patient to schedule follow-up appointment with Medtronic for reprogramming of his stimulator.
8. Follow-up with us in one month or sooner if needed.
9. Patient can call our office with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Michael J. Robichaud PA-C

I have read and reviewed the above recommendations and agree with the plan of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522
Dr. Lee Ayers 731-7887
Dr. Edgar Deschamps 790-6130

DATE: Monday, November 28, 2011 PATIENT: Ted Polansky

CHIEF COMPLAINT: Left flank pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for routine, scheduled follow up. He is now status post neuromodulation revision performed by Dr. Barolat out in Denver. The procedure was carried out on September 27, and he is enjoying excellent relief in his leg and has reasonably good coverage in the back as well. He is having some discomfort in the left flank, which is a site between the surgical lead and his pulse generator, which is now in the left lower quadrant. Otherwise, he is doing reasonably well and rates his pain as a 6 on the 0-10 scale.

CURRENT MEDICATIONS: Exalgo, Percocet for breakthrough pain, Topamax written out of this office. Medications by other providers include: Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone and Latanoprost.

REVIEW OF SYSTEMS: He is having dry mouth lately and is going to discuss this with his other physicians.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 177 lbs.
Blood Pressure: 102/66. Pulse: 84. Respirations: 14. Temperature: 98.7. SaO2: 98%. Pleasant man in no acute distress accompanied by his significant other.
HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Incisional sites are healing well. The site in question that is bothering him now is in the left flank and the connector is palpable. There is no dysesthetic pain. The area of discomfort is approximately the size of a baseball. Otherwise, his exam and complaints are unremarkable.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for years up until recently following a pulse generator change.
7. Recent revision by Dr. Barolat on September 27, 2011.

PLAN:
1. We are going to ask Medtronic to see him once again for reprogramming.
2. Hopefully the coverage in the back can be enhanced.
3. I am going to prescribe Flector to apply bid over his uncomfortable area in the left flank.
4. For now, continue with Exalgo, Percocet for breakthrough pain and the Topamax.
5. I will see him back in one month or sooner if needed.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel M.D. 779-7522
Dr. Jonet 779-7527

DICTATED BUT NOT READ

DATE: Wednesday, July 20, 2011 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 54-year-old man last seen on June 20, 2011. He is back today for routine, scheduled follow up. The history of injury, work up and treatment is well documented in the records. Currently, we are prescribing medication for him and awaiting his evaluation with Dr. Barolat in Denver. Hopefully Dr. Barolat can offer him a solution that will restore neurostimulation in the affected areas. Should the coverage with stimulation be restored, we should be able to make some downward adjustments in his medication.

CURRENT MEDICATIONS: Exalgo 96mg per day, Oxycodone for breakthrough pain, Topamax and Phenergan. Medications by other providers include: Trazodone, Lomotil, Geodon, Provigil, Wellbutrin, Cymbalta, Razadyne, and Lamictal.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 182 lbs.
Blood Pressure: 130/76. Pulse: 85. Respirations: 14. Temperature: 98.9. SaO2: 97%. Pleasant man in no acute distress. He is accompanied by his significant other.
HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Back exam is unchanged. Lower Extremities: Lower extremity exam is unchanged. Gait: He ambulates with crutches. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Good relief for years with a combination of spinal cord stimulation and medication.

PLAN:
1. Hopefully he will see Dr. Barolat soon.
2. The issue of neuromodulation as an option should then be put to rest.
3. If it turns out that he has stimulation restored, we will plan to move forward with medication adjustments.
4. If the coverage cannot be restored in the low back and leg, we will try to fine-tune the current medications.
5. I will see him back in one month or sooner if needed.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Friday, July 20, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and lower extremity pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is in seen today for scheduled follow-up appointment. We have followed him since 2002 for chronic, intractable pain following a work-related incident. He was diagnosed with RSD in the left lower extremity and a radicular syndrome on the right side. He had aggressive, conservative, interventional treatment including implanted spinal cord stimulator. He has also had a history of revision and explant of his stimulator with a new stimulator implanted in October 2011. The last time he had his stimulator reprogrammed was in November of 2011. Today, patient states his pain is 7 on a 0-10 scale, which is his baseline. He denies any new symptoms. He continues to complain of oral pain. It is suspected that his oral pain is secondary to medication. As a result he is no longer taking Topamax or Cymbalta. However, patient states that his oral pain is unchanged. He also has been experiencing headaches and is being followed by Dr. Forsthoefel for this and his psychiatric issues. Patient denies any other problems, questions or concerns at the present time.

CURRENT MEDICATIONS: Written out of this office are Exalgo and Oxycodone.

REVIEW OF SYSTEMS: As per HPI. Patient continues to have oral pain in spite of having Topamax and Cymbalta discontinued.

SOCIAL HISTORY: No change.

PHYSICAL EXAMINATION:
Weight: 145 lbs.
Blood Pressure: 129/78. Pulse: 93. Respirations: 14. Temperature: 96.6. SaO2: 99% on room air. Mr. Polansky is a pleasant male in no acute distress. He is accompanied by his significant other.
HEENT: Alert and oriented x3. Speech and content are appropriate. Patient is a good historian. Lungs: Clear to auscultation bilaterally. Heart: Regular rate and rhythm without murmur, gallops or rubs. Lumbar Spine: Exam is unchanged. Gait: Patient walks with crutches and has a left lower extremity limp without foot drop. Integumentary: Skin is warm, dry and intact throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. 35-pound weight loss associated with oral thrush (resolving) and as yet undefined oral pain syndrome.
7. Patient continues with oral pain despite elimination of Topamax and Cymbalta from his medication list.

PLAN:
1. Continue with current medications, refilled today.
2. Patient was reinstructed on dosing and side effects.
3. Continue follow-up with Dr. Frank Forsthoefel and Dr. Ayers.
4. Follow-up with us in one month or sooner if needed.
5. In the meantime, he can call our office with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

DATE: Friday, July 20, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and lower extremity pain

Michael J. Robichaud PA-C

I have read and reviewed the above recommendations and agree with the plan of care.

Ezra B. Riber, MD

cc:	Mee Ling Khour-Gould, Case Manager	612-2734
	Frank Forsthoefel, M.D.	779-7522
	Dr. Joset	779-7522
	Dr. Lee Ayers	731-7887

DATE: Thursday, June 21, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain; oral pain

FOLLOW-UP CONSULTATION

HISTORY: Ted is back today for routine, scheduled follow up. We have followed him since 2002 with chronic, intractable pain following a work-related incident. He was diagnosed with RSD in the left lower extremity and a radicular syndrome on the right side. He had aggressive conservative interventional treatment including implanted spinal cord stimulator. The history of the revisions, explant and his current neuromodulation device is well documented in the record. For the past few months, he has been struggling with oral pain, first thought to be secondary to candidiasis. That seems to have resolved, but he has residual discomfort for which he was recently seen by Dr. Ayers, who spoke with me today. His current treating physicians are considering a medication side effect issue regarding his pain and in this office, we will start by tapering him down off the Topiramate. An oral pain syndrome is an unusual but known side effect of Topiramate. I discussed the adjustments with him today and although he is a little better with the oral steroid rinse that he is using, he still has significant discomfort, particularly around the tongue.

CURRENT MEDICATIONS: Written out of this office are Exalgo, Topiramate, and Oxycodone.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 143 lbs. (He has lost 35 lbs. over the past 6 months.)
Blood Pressure: 120/72. Pulse: 81. Respirations: 14. Temperature: 97.8. SaO2: 100%. Pleasant man in no acute distress. He is accompanied by a significant other.
HEENT: Alert and oriented. Good historian. He reports some improvement with the oral preparation prescribed by Dr. Ayers. He is also using lidocaine with some benefit. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Back exam and complaints are unchanged. Incisional sites in the low back are well healed. Lower Extremities: Lower extremity exam and complaints are unchanged. Gait: Antalgic. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work-related fall, 1999.
6. 35-pound weight loss associated with oral thrush (resolving) and as yet undefined oral pain syndrome.

PLAN:
1. We will slowly taper him off the Topiramate.
2. It is possible that he is experiencing a side effect from the medication.
3. If we taper him down off the Topiramate and there is no change in the oral symptoms, we can restart the medication after several weeks.
4. Dr. Ayers and Dr. Forsthoefel will get together on what other medications could be causing the oral pain.
5. I will see him back in one month or sooner if needed.
6. He can call between appointments with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522
Dr. Lee Ayers 731-7887

DICTATED BUT NOT READ

DATE: Thursday, June 21, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain; oral pain

DATE: Monday, May 21, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Pain in both legs, back pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for routine, scheduled follow up. He is a 54-year-old man injured in a work-related incident in 1999. He fell at work and developed RSD in the left lower extremity and radicular pain on the right side. The history of his injury, evaluations, and treatment are well documented in the record. He did not respond to conservative interventional treatment and eventually came to have a trial with spinal cord stimulation. The device was permanently implanted, and combined with medications, he did very well for years. The pulse generator needed to be changed out and for some reason, the coverage could never be restored although he then underwent revisions and replacement with a completely new system. He now has a Medtronic system once again placed by Dr. Barolat, and has reasonably good relief with his combined medications.

CURRENT MEDICATIONS: Exalgo, Percocet for breakthrough pain, Flector patch and Topamax written out of this office. Medications by other providers include: Lamictal, Razadyne, Cymbelta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone and Latanoprost.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 146 lbs. (He has been steadily losing weight since the beginning of this year, now 32 lbs. as he battles the oral candidiasis problem, which he says is now getting under control.)
Blood Pressure: 115/68. Pulse: 74. Respirations: 14. Temperature: 97.9. SaO2: 100%.
Lumbar Spine: Back exam and complaints are unchanged. Incisional sites from his previous surgeries are well healed. Lower Extremities: Lower extremity exam and complaints are unchanged. Gait: He ambulates with crutches. His gait remains antalgic. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Recent weight loss due to oral thrush (32 pounds this calendar year.)

PLAN:
1. The pulse generator site continues to give him problems due to the weight loss.
2. Hopefully this will be controlled soon, and he can begin to gain some weight.
3. Otherwise, continue with current medications.
4. No adjustments are recommended today.
5. I will see him back in one month or sooner if needed.
6. He can call between appointments with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khow-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Janet 779-7522

DICTATED BUT NOT READ

DATE: Friday, April 20, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: "It hurts from my battery"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for routine, scheduled follow up. He is a 54-year-old gentleman that we have been following since his first visit here in 2000, following his work-related fall in 1999. He was referred with a diagnosis of RSD in the left lower extremity and a lumbar radicular syndrome on the right side. He had aggressive conservative and interventional treatment and eventually came to have a trial with spinal cord stimulation. The device was permanently implanted, and he did well with a combination of medications and neuromodulation for many years. At some point, the pulse generator required replacement and the system never worked in spite of multiple revisions. Recently, he had the system restored by Dr. Barolat in Denver. He had been doing well but developed some oral thrush over the last few months and has lost a lot of weight. The pulse generator site is now more prominent and uncomfortable in the left abdominal wall.

CURRENT MEDICATIONS: Exalgo, Percocet for breakthrough pain, Flector patch and Topamax written out of this office. Medications by other providers include: Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone and Latanoprost.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 152 lbs.
Blood Pressure: 113/67. Pulse: 76. Respirations: 14. Temperature: 98.5. SaO2: 99%. Pleasant man in no acute distress. He is unaccompanied today.
HEENT: Alert and oriented. Good historian. Cervical Spine: Cervical spine exam and complaints are unchanged. Lumbar Spine: Low back and lower extremity exam and complaints are unchanged. The pulse generator site in the left lower quadrant is easily palpable and somewhat tender. Gait: He is ambulating with crutches.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Recent weight loss due to oral thrush (26 pounds this calendar year.)

PLAN:
1. Unfortunately, as a result of the weight loss, the pulse generator site is giving him some problems.
2. Hopefully the oral thrush problem can be taken care of.
3. He is seeing several different physicians for this.
4. Hopefully the problem will resolve, he can start eating better and gain some weight.
5. In the meantime, he can use the Terocin topically over the affected area.
6. He was instructed on dosing and side effects for all of his medications.
7. I will see him back in one month or sooner if needed.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Kiber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forshoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Monday, March 19, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for routine, scheduled follow up. He is a 54-year-old gentleman injured in a work-related fall in 1999. We have been following him since 2000. He initially presented with a diagnosis of RSD in the left lower extremity and a radicular syndrome in the right. He did not respond to conservative interventional treatment and came to have a trial with spinal cord stimulation. He enjoyed very good quality relief with a combination of medication and neuromodulation for years, but unfortunately the device failed and all attempts to restore the coverage failed as well. He had a revision recently with Dr. Barolat in Denver and has been doing reasonably well since.

CURRENT MEDICATIONS: Exalgo, Percocet for breakthrough pain, Flector patch and Topamax written out of this office. Medications by other providers include: Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone and Latanoprost.

REVIEW OF SYSTEMS: He has had problems with oral thrush since his hospitalization for pneumonia several months ago. As of yet, he has not had any improvement and saw Dr. Pacinger, a local ENT.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 158 lbs. (-20 lbs. this calendar year and he continues to eat poorly with the oral thrush.)
Blood Pressure: 124/72. Pulse: 74. Respirations: 12. Temperature: 98.6. SaO2: 98%.
Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Back and lower extremity exam and complaints are unchanged. Gait: Antalgic and he continues to ambulate with crutches.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.

PLAN:
1. No medication adjustments are recommended.
2. He has done well with the Terocin and we will represcribe that for him as well.
3. We will follow up with him in one month or sooner if needed.
4. Urine specimen was taken today for routine baseline testing.
5. He can call between appointments with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khoun-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Monday, February 20, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for routine, scheduled follow up. He is a 54-year-old man that we have been following since his first visit here in 2000, following work-related injury in 1999. He was referred with a diagnosis of RSD and a lumbar radicular syndrome. He failed to respond to conservative, interventional treatment and came to have a successful trial with spinal cord stimulation. He did well with a combination of medication and neuromodulation for years. However, following what was expected to be a simple pulse generator change, his entire neuromodulation system failed and had to be revised. Several revisions including replacing the entire device did not help and he was eventually seen by Dr. Barolat who replaced the system once again. He has reasonably good pain relief with a combination of medication and stimulation but is focused on the thrush that he has developed following a course of antibiotics when he was recently hospitalized.

CURRENT MEDICATIONS: Exelgo, Percocet for breakthrough pain, Flector patch and Topamax written out of this office. Medications by other providers include: Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone and Latanoprost.

REVIEW OF SYSTEMS: As per HPI. He has recently seen Dr. Pecinger for ENT evaluation.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 161 lbs. (This is -17 lbs. in the past 2 months due to a large extent to the fact that he is having difficulty with eating.)
Blood Pressure: 128/79. Pulse: 109. Respirations: 14. Temperature: 98.1. SaO2: 96%. Pleasant man in no acute distress accompanied by his significant other.
HEENT: Alert and oriented. Good historian. He is in good spirits today. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Back and lower extremity exam and complaints are unchanged. Gait: He continues to ambulate with crutches. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for years up until recently following a pulse generator change.
7. Replacement of his neuromodulation system by Dr. Barolat in Denver.

PLAN:
1. I am going to give him a trial with Terocin.
2. This will replace the Flector.
3. He was instructed on dosing and side effects.
4. Otherwise we will refill the Percocet and Topamax.
5. His Exelgo was recently refilled and he needs no refills at this time.
6. We will see him back in one month or sooner if needed.
7. He will call between appointments with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Monday, February 20, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

DATE: Friday, January 20, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for routine, scheduled follow up. He is a 54-year-old man whose work-related injury, work up and treatment since 1999 is well-documented in the record. He eventually came to have a successful trial with spinal cord stimulation and the permanent implant. For whatever reason, when the pulse generator was changed, the entire system went bad and multiple revisions later he still is without coverage. Recently, he saw Dr. Barolat in Denver who restored the coverage to a certain extent and the Medtronic people have been working with him to enhance the coverage.

CURRENT MEDICATIONS: Exalgo, Percocet for breakthrough pain, Flector patch and Topamax written out of this office. Medications by other providers include: Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone and Latanoprost.

REVIEW OF SYSTEMS: He has been hospitalized with pneumonia since his last visit.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 163 lbs. (-15 lbs. since the last visit.)
Blood Pressure: 122/70. Pulse: 91. Respirations: 12. Temperature: 98. SaO2: 97%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. He appears well and has good color. Lungs: Clear. No wheezing or rhonchi. Heart: Regular rate and rhythm. Lumbar Spine: His back and lower extremity exam is unchanged. Incisional sites from his previous pulse generator and lead placements are well healed. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for years up until recently following a pulse generator change.
7. Recent replacement of neuromodulation by Dr. Barolat in Denver.

PLAN:
1. Patient was seen by the Medtronic rep once again today.
2. The device was interrogated and reprogrammed.
3. His coverage was enhanced and he was pleased with the results.
4. I will see him back in one month or sooner if needed.
5. Continue with current medications; no adjustments recommended.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Wednesday, December 21, 2011 PATIENT: Theodore Polansky

CHIEF COMPLAINT: Low back, left flank pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is here today for a regularly scheduled follow-up visit. He is a 54-year-old gentleman who has a history of chronic intractable back and leg pain, as well as RSD in his left lower extremity. We recently referred him to Dr. Barolat for revision of his spinal cord stimulator. Unfortunately, he is still reporting discomfort from his stimulator, as he had at his last visit. He is complaining of increased flank pain. We have arranged for the Medtronic rep to be here today for reprogramming, as he is not as pleased with his stimulator as he was directly after the surgery. He is rating his pain today as an 8 on a 0-10 scale and has no further complaints at this time.

CURRENT MEDICATIONS: Exalgo, Percocet for breakthrough pain, Flector patch and Topamax written out of this office. Medications by other providers include: Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lunesta, Imitrex, Trazodone and Latanoprost.

REVIEW OF SYSTEMS: No changes.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 178 lbs.
Blood Pressure: 134/75. Pulse: 88. Respirations: 12. Temperature: 98.1. SaO2: 99%. Pleasant man in no acute distress. Accompanied by his wife.
HEENT: Alert and oriented. Good historian. Lungs: Clear to auscultation bilaterally. Heart: Regular rate and rhythm without murmur, gallops or rubs. Lumbar Spine: Patient was taken to the fluoroscopy suite where the leads were examined. Incisional sites from pulse generator and lead are healing well. The device was interrogated by the Medtronic rep. His coverage was not changed, but the rate was changed slightly. Gait: Antalgic. Ambulates with crutches. Integumentary: Skin is warm, dry and intact throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for years up until recently following a pulse generator change.
7. Neuromodulation evaluation recommended with Dr. Barolat in Denver.

PLAN:
1. We have taken a picture of the leads, as well as the IPG site. There are no impedances noted upon interrogation by the Medtronic rep. When the Medtronic rep tried to program coverage for his low back, Mr. Polansky reported an intense amount of pain. He does not report any heavy bending or lifting, but his coverage has changed and we were unable to enhance it any further today.
2. We will compare the pictures to his surgical pictures to see if there is any movement noted in the leads and will possibly send the pictures to Dr. Barolat for review.
3. In the meantime, continue with current medications.
4. The above were refilled today, except Exalgo.
5. Follow-up with us in one month or sooner if needed.
6. A urine specimen was taken today for routine baseline testing.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Amy J. Clark, FNP-BC

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Wednesday, December 21, 2011 PATIENT: Theodore Polansky

CHIEF COMPLAINT: Low back, left flank pain

DATE: Monday, November 28, 2011 PATIENT: Tel Polansky

CHIEF COMPLAINT: Left flank pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for routine, scheduled follow up. He is now status post neuromodulation revision performed by Dr. Barolat out in Denver. The procedure was carried out on September 27, and he is enjoying excellent relief in his leg and has reasonably good coverage in the back as well. He is having some discomfort in the left flank, which is a site between the surgical lead and his pulse generator, which is now in the left lower quadrant. Otherwise, he is doing reasonably well and rates his pain as a 6 on the 0-10 scale.

CURRENT MEDICATIONS: Exalgo, Percocet for breakthrough pain, Topamax written out of this office. Medications by other providers include: Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone and Latanoprost.

REVIEW OF SYSTEMS: He is having dry mouth lately and is going to discuss this with his other physicians.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 177 lbs.
Blood Pressure: 102/66. Pulse: 84. Respirations: 14. Temperature: 98.7. SaO2: 98%. Pleasant man in no acute distress accompanied by his significant other.
HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Incisional sites are healing well. The site in question that is bothering him now is in the left flank and the connector is palpable. There is no dysesthetic pain. The area of discomfort is approximately the size of a baseball. Otherwise, his exam and complaints are unremarkable.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for years up until recently following a pulse generator change.
7. Recent revision by Dr. Barolat on September 27, 2011.

PLAN:
1. We are going to ask Medtronic to see him once again for reprogramming.
2. Hopefully the coverage in the back can be enhanced.
3. I am going to prescribe Flector to apply bid over his uncomfortable area in the left flank.
4. For now, continue with Exalgo, Percocet for breakthrough pain and the Topamax.
5. I will see him back in one month or sooner if needed.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khoun-Gould, Case Manager 612-2734
Frank Forsthoefel M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Friday, November 11, 2011

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Reprogramming

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is here today for interrogation and reprogramming of his Medtronic spinal cord stimulator. He is a pleasant gentleman who was recently seen by Dr. Barolat in Denver for a revision of his spinal cord stimulator. He is very pleased with the surgery and is healing well. He is here today to meet with the Medtronic rep for further interrogation and reprogramming to enhance his coverage even further. He is doing reasonably well. He is rating his pain today as a 6 on a 0-10 scale and has no further complaints at this time.

CURRENT MEDICATIONS: Exalgo, Percocet for breakthrough pain, Topamax written out of this office. Medications by other providers include: Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone and Latanoprost.

REVIEW OF SYSTEMS: No changes.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 178 lbs.
Blood Pressure: 121/78. Pulse: 94. Respirations: 12. Temperature: 98.3. SaO2: 98%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. Lungs: Clear to auscultation bilaterally. Heart: Regular rate and rhythm without murmur, gallops or rubs. Lumbar Spine: Incisional sites from pulse generator and lead are healing well. The device was interrogated and reprogrammed by the Medtronic rep. His coverage was enhanced. Gait: Antalgic. Ambulates with crutches. Integumentary: Skin is warm, dry and intact throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for years up until recently following a pulse generator change.
7. Neuromodulation evaluation recommended with Dr. Barolat in Denver.

PLAN:
1. Successful reprogramming today.
2. Patient is satisfied with the enhancement in his coverage.
3. Refill given for Exalgo. No other refills needed at this time.
4. Patient was reinstructed on dosing and side effects.
5. Follow-up at regularly scheduled office visit.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Amy J. Clark, FNP-BC

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Monday, October 24, 2011 PATIENT: Ted Polansky

CHIEF COMPLAINT: "I'm doing better"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for scheduled follow up. Since his last visit here, he was seen by Dr. Giancarlo Barolat in Denver. He underwent a revision for neuromodulation and now has all of his painful areas covered. He is pleased with the coverage and is just focused at this time on the healing process, which is less than 4 weeks old. I encouraged him along those lines to be patient and that he should see continued and steady improvement over time.

CURRENT MEDICATIONS: We are writing Exalgo, Percocet, Topamax, and Soma. His other medications include Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone, and Latanoprost.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 178 lbs. (-4 lbs. since the last visit.)
Blood Pressure: 100/60. Pulse: 98. Respirations: 14. Temperature: 98.3. SaO2: 98%. Pleasant man in no acute distress accompanied by a significant other.
HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Incisional sites posteriorly are healing well. The one in the left lower quadrant is also healing well. His exam and complaints are otherwise unchanged.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.

PLAN:
1. Overall very successful trip to Denver to see Dr. Barolat and the patient is very appreciative of the approval.
2. Refills only needed for Percocet and Topamax.
3. Continue other medications which he has refills for at this time.
4. I will see him back in one month or sooner if needed.
5. It would probably be best to have the Medtronic rep see him in the next week or so for interrogation and reprogramming.
6. Otherwise, he can call between appointments with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forshoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Wednesday, September 21, 2011 PATIENT: Theodore Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is here today for a follow-up visit. He is a pleasant gentleman who we have been following for several years and has a history of chronic intractable back and leg pain. He is scheduled to see Dr. Giancarlo Barolat in Denver next week. He is here for refills of his medications. For medical clearance for the surgery with Dr. Barolat, we ordered lab work on Mr. Polansky. We have not received the 12 lead EKG. His other lab work has come back and it appears that he has some renal insufficiency beginning. His GFR was 53 with a creatinine of 1.4 and a BUN of 18. In addition, his white blood cells were slightly elevated at 14.2. However, he was on steroids at the time for treatment of poison ivy. In addition, his AM Cortisol level was 2.2. He has seen his primary care provider after this, but Mr. and Mrs. Polansky were both rather concerned about his renal function. He rates his pain today as a 6-7 on a 0-10 scale and has no further complaints at this time.

CURRENT MEDICATIONS: Exalgo, Percocet for breakthrough pain, Topamax and Phenergan written out of this office. Medications by other providers include: Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone and Latanoprost.

REVIEW OF SYSTEMS: No changes.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 182 lbs.
Blood Pressure: 131/80. Pulse: 86. Respirations: 14. Temperature: 98.3. SaO2: 99%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. Lungs: Clear to auscultation bilaterally. Heart: Regular rate and rhythm without murmur, gallops or rubs. Lumbar Spine: Exam and complaints remain mostly unchanged. Gait: Antalgic. Ambulates with crutches. Integumentary: Skin is warm, dry and intact throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for years up until recently following a pulse generator change.
7. Neuromodulation evaluation recommended with Dr. Barolat in Denver.

PLAN:
1. Continue with current medications.
2. Refills given for Percocet and Topamax. No refills needed at this time for Exalgo.
3. Patient was reinstructed on dosing and side effects.
4. It is medically necessary for a referral to a nephrologist due to the recent lab work obtained that shows a decline in his renal function.
5. We will recommend a referral to Columbia Nephrology, Dr. Niall Mclaughlin.
6. We will see Mr. Polansky once he returns after his surgery with Dr. Barolat.
7. In the meantime, he can call our office with any questions or concerns he has regarding his medications or his plan of care.
8. We have ensured that all necessary paperwork and lab work is completed before he travels to Dr. Barolat.
9. A urine specimen was taken today for routine baseline testing.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Amy J. Clark, FNP-BC

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Wednesday, September 21, 2011 PATIENT: Theodore Polansky

CHIEF COMPLAINT: Back and leg pain

DATE: Tuesday, August 30, 2011 PATIENT: Theodore Polansky

CHIEF COMPLAINT: Back and leg pain, colon, medical clearance for surgery.

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is her today to have a physical exam completed for medical clearance for surgery with Dr. Barolat in Denver next month. Dr. Barolat is an expert in the field of neuromodulation and we have referred Mr. Polansky there in hopes he can find a way to restore the stimulation to cover Mr. Polansky's lower extremity pain. Mr. Polansky is a pleasant, 54-year-old gentleman who we have been following since 2000. He has a history of being injured in a fall back in 1998 and was diagnosed with RSD in the left lower extremity. He later developed a radicular syndrome on his right side as well. He had undergone extensive, conservative and interventional treatment and eventually came to have a trial and permanent implant with a spinal cord stimulator. Unfortunately, he has had difficulties with his stimulator since it was implanted, including the entire system failing. This was followed by a trial to see if we could regain coverage in his back and leg. Unfortunately, we were only able to cover his leg with the trial and could not advance the lead to a level where he would experience coverage in the low back. We have arranged for a consult with Dr. Barolat to see if he can address this matter.

ALLERGIES: No known drug allergies.

CURRENT MEDICATIONS: Exalgo 48mg twice a day, Percocet 10/325mg up to four a day as needed for breakthrough pain, Topamax 100mg bid, Phenergan 25mg as needed. Medications by other providers include: Lamictal, Razadyne, Cymbalta, Wellbutrin, Provigil, Geodon, Ambien CR, Lomotil, Imitrex, Trazodone and Latanoprost.

ILLNESSES: Negative for cancer, heart disease, hypertension, COPD, tuberculosis, gastroesophageal reflux, peptic ulcer disease, renal disease, liver disease, DVTs, CVA, diabetes, thyroid, seizures.

SURGICAL HISTORY:

SOCIAL HISTORY: Denies tobacco or ethanol use. Patient is not currently working.

FAMILY HISTORY:

REVIEW OF SYSTEMS: Denies nausea, vomiting, diarrhea, constipation, fever. No chest pain or shortness of breath. No new onset bowel or bladder changes. No significant changes in weight, appetite. No other changes per HPI.

PHYSICAL EXAMINATION:
Height: 5'8" Weight: 179 lbs.
Blood Pressure: 134/82 Pulse: 79. Respirations: 12. Temperature: 98.8. SaO2: 100%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. Appears his stated age. No tics or torticollis. No nystagmus or strabismus. Cranial nerves 2-12 grossly intact. Lungs: Clear to auscultation bilaterally. Respirations unlabored. No cough or audible congestion. Heart: Regular rate and rhythm without murmur, gallops or rubs. Audible S1 and S2. No carotid bruits. All pulses 2+ bilaterally. Negative Homans' sign bilaterally. Abdomen: Soft, round, nontender, nondistended. Active bowel sounds x4 quadrants. No visible masses, pulsations or ascites. Liver, spleen, kidney nonpalpable. No rebound tenderness. Upper Extremities: Moves all extremities well. Diminished muscle tone, but symmetrical. No obvious joint deformities or contractures. Grip strength 5/5 and equal bilaterally. Full active range of motion. Joints nontender and uniform. Lumbar Spine: Very limited range of motion of the lumbar spine in all planes. Incisional sites from previous surgeries are well healed. Straight leg raise produces only gluteal and hamstring discomfort bilaterally. Lower Extremities: Moves all extremities well. Muscles are atrophied. No obvious joint deformities or contractures. Strength approximately 4/5 and equal bilaterally. No edema. Gait: Antalgic. Patient ambulates with crutches. Integumentary: Skin is warm, dry and intact throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for years up until recently following a pulse generator change.
7. Neuromodulation evaluation recommended with Dr. Barolat in Denver.

DATE: Tuesday, August 30, 2011 PATIENT: Theodore Polansky

CHIEF COMPLAINT: Back and leg pain, colon, medical clearance for surgery

PLAN:

1. We authorize Mr. Polansky medical clearance for surgery, pending results of lab work and EKG.
2. He is scheduled for a consult with Dr. Baroiat September 26 and surgery on September 27.
3. EKG ordered for preoperative clearance.
4. Lab work also necessary for preoperative clearance. Patient was given a script today for a CBC with diff, an SMA 12, PT/PTT/INR, 25(OH) Vitamin D, Magnesium and Cortisol.
5. Continue with current medications. Refill given today for Phenergan as needed for nausea. No other refills needed at this time.
6. We will review the EKG and the lab work to ensure medical clearance before Mr. Polansky travels to Denver.
7. We will follow-up with him after he gets back from his consult with Dr. Baraiot.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Amy J. Clark, FNP-BC for
Ezra B. Riber, MD

DICTATED BUT NOT READ

DATE: Tuesday, August 28, 2012 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and lower extremity pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 54-year-old male in today to have his spinal cord stimulator reprogrammed by the Medtronic representative. The Medtronic representative worked with the patient today. The Medtronic representative indicates that his spinal cord stimulator and leads are functioning properly. However, patient states that he has a stinging sensation when the machine is on. Medtronic could find no malfunction in the system. Patient indicates the coverage is a little better after the stimulator was reprogrammed. The Medtronic representative advised patient to try the stimulator with the new programs and see if the stinging sensation will resolve. Patient is to call the Medtronic representative if the stinging sensation continues. Today, patient states his pain is 7 on a 0-10 scale. Patient denies any other problems, questions or concerns at the present time.

CURRENT MEDICATIONS: Written out of this office are Exalgo, Topiramate, and Oxycodone.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No change.

PHYSICAL EXAMINATION:
Weight: 144 lbs.
Blood Pressure: 110/67. Pulse: 80. Respirations: 14. Temperature: 97.7. SaO2: 100% on room air. Mr. Polansky is a pleasant male in no acute distress.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Medtronic representative reprogrammed the patient's stimulator with better coverage. However, patient continues to have a stinging sensation with the stimulator.

PLAN:
1. Patient to try new programming to see if stinging sensation resolves.
2. Patient to call Medtronic representative if the stinging sensation continues.
3. Patient to keep his already scheduled follow-up appointment.
4. Patient can call our office with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Michael J. Robichaud PA-C

I have read and reviewed the above recommendations and agree with the plan of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forshoefel, M.D. 779-7522
Dr. Jonet 779-7522
Dr. Lee Ayers 731-7887
Dr. Edgar Deschamps 790-6130

DATE: Monday, August 22, 2011 PATIENT: Ted Polansky

CHIEF COMPLAINT: "My pain is getting a little worse"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow up. He is a 64-year-old gentleman that we have been following for years with his intractable back and leg pain. He had been doing well with a combination of stimulation and medication. However, he no longer has neuromodulation and the history of how that occurred is well documented in the record. He is scheduled to see Dr. Giancarlo Barolat in Denver in approximately one month. Hopefully Dr. Barolat can find a way to restore the stimulation to cover his lower extremity pain. In the meantime, we are doing what we can to address his discomfort with medication. He understands that there are limitations with this and we have to try to stay within a therapeutic level without causing any side effects. This is somewhat of a challenge with Ted as he is on a significant amount of medication written outside this office.

CURRENT MEDICATIONS: Written in this office: Topiramate, Oxycodone, and Exalgo.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 180 lbs.
Blood Pressure: 136/79. Pulse: 80. Respirations: 14. Temperature: 99. SaO2: 99%. Pleasant man in no acute distress accompanied by his significant other, Gail.
HEENT: Alert and oriented. Good historian. No somnolence today. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: His back exam is unchanged. Lower Extremities: His lower extremity exam is unchanged. Gait: He is ambulating with crutches. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Good relief for years with a combination of spinal cord stimulation and medication.

PLAN:
1. Discontinue Roxicodone.
2. Continue with Percocet 10mg only for breakthrough pain.
3. This will simplify the different types of medication that he takes somewhat.
4. I will see him back after his appointment with Dr. Barolat or before if needed.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Wednesday, July 20, 2011 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 54-year-old man last seen on June 20, 2011. He is back today for routine, scheduled follow up. The history of injury, work up and treatment is well documented in the records. Currently, we are prescribing medication for him and awaiting his evaluation with Dr. Barolat in Denver. Hopefully Dr. Barolat can offer him a solution that will restore neurostimulation in the affected areas. Should the coverage with stimulation be restored, we should be able to make some downward adjustments in his medication.

CURRENT MEDICATIONS: Exalgo 96mg per day, Oxycodone for breakthrough pain, Topamax and Phenergan. Medications by other providers include: Trazodone, Lomotil, Geodon, Provigil, Wellbutrin, Cymbalta, Razadyne, and Lamictal.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 182 lbs.
Blood Pressure: 130/76. Pulse: 85. Respirations: 14. Temperature: 98.9. SaO2: 97%. Pleasant man in no acute distress. He is accompanied by his significant other.
HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Back exam is unchanged. Lower Extremities: Lower extremity exam is unchanged. Gait: He ambulates with crutches. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Good relief for years with a combination of spinal cord stimulation and medication.

PLAN:
1. Hopefully he will see Dr. Barolat soon.
2. The issue of neuromodulation as an option should then be put to rest.
3. If it turns out that he has stimulation restored, we will plan to move forward with medication adjustments.
4. If the coverage cannot be restored in the low back and leg, we will try to fine-tune the current medications.
5. I will see him back in one month or sooner if needed.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Monday, June 20, 2011 PATIENT: Ted Polansky

CHIEF COMPLAINT: Pain in both legs and back pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is here today for a regularly scheduled follow-up visit. He is pleasant, 54-year-old gentleman who has a history of being injured in a work-related incident back in 1999. His injury and treatments are well-documented in the records. He has undergone aggressive conservative, interventional and surgical treatment, including spinal cord stimulation and permanent implant. Unfortunately, his stimulator failed after a routine pulse generator change and we have been unable to restore his coverage. We have recommended a consultation with Dr. Barolat in Denver and are still awaiting scheduling of this appointment. In the meantime, he is doing as well as can be expected with his current medications. He is not achieving adequate pain control with his breakthrough pain medication. We are in the midst of a trial to see whether the Oxycodone 10/325mg perhaps works better for him than the 15mg without the Acetaminophen. He is rating his pain today as a 6 on a 0-10 scale and has no further complaints at this time.

CURRENT MEDICATIONS: Exalgo 96mg per day, Oxycodone for breakthrough pain, Topamax and Phenergan. Medications by other providers include Trazodone, Lomotil, Geodon, Provigil, Wellbutrin, Cymbalta, Razadyne, and Lamictal.

REVIEW OF SYSTEMS: No changes.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 180 lbs.
Blood Pressure: 105/65. Pulse: 75. Respirations: 12. Temperature: 97.7. SaO2: 98%. Pleasant man in no acute distress. Accompanied by his wife.
HEENT: Alert and oriented. Not a very good historian, but his wife helps with history. Cervical Spine: Exam and complaints remain unchanged. Lumbar Spine: Exam is unchanged. Gait: Antalgic. Uses crutches to ambulate. Integumentary: Skin is warm, dry and intact throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Good relief for years with a combination of spinal cord stimulation and medication.
7. Neuromodulation evaluation recommended with Dr. Barolat in Denver.

PLAN:
1. Continue with current medications.
2. Refills given today for Topamax and Oxycodone. No refills needed at this time for Exalgo.
3. Patient was reinstructed on dosing and side effects.
4. We asked patient to let us know at the next office visit whether the Oxycodone 15mg or the 10/325mg work better for him for breakthrough pain control.
5. Follow-up in one month or sooner if needed.
6. In the meantime, he can call our office with any questions or concerns he has regarding his medications or his plan of care.
7. A urine specimen was taken today for routine baseline testing.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Amy J. Clark, FNP-BC

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forshoefel, M.D. 779-7522
Dr. Jouet 779-7522

DICTATED BUT NOT READ

DATE: Monday, May 23, 2011 PATIENT: Theodore P. Polansky

CHIEF COMPLAINT: Pain in both legs; back pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow up. He is a 54-year-old man who was injured in a work-related incident in 1999. His injury and treatment are well documented in the record. He had aggressive conservative, interventional, and surgical treatment including spinal cord stimulator trial and permanent implant. He had been doing reasonably well with the combined treatment, but for unknown reasons, his stimulator failed after a routine pulse generator change and we have not been able to restore his coverage in spite of our best efforts. At this time, we are awaiting a visit with Dr. Giancarlo Barolat in Denver, who will be able to definitively determine whether he is a candidate to have a device reimplanted, and he would be the physician to perform the treatment as well. Ted continues to have modest relief with the current medications. He has a question in his own mind as to whether the Oxycodone 15 or 10mg work better for him. I am going to give him some of both today and I have asked him and his significant other to determine which works best for him.

CURRENT MEDICATIONS: Exalgo 96mg per day, Percocet for breakthrough pain. He also takes Topamax and Phenergan all written out of this office. His other medications include Trazodone, Lomotil, Geodon, Provigil, Wellbutrin, Cymbalta, Razadyne, and Lamictal.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 178 lbs.
Blood Pressure: 130/81. Pulse: 80. Respirations: 14. Temperature: 98. SaO2: 97%. Pleasant man in no acute distress accompanied by his significant other who helps with the history.
HEENT: Alert and oriented today. Good historian. Cervical Spine: Cervical spine exam is unchanged. Lumbar Spine: Upper torso and low back exam is unchanged. His incisional sites from previous surgery are well healed. Lower Extremities: Lower extremity exam is unchanged. Gait: Antalgic and he uses crutches to ambulate. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Good relief for years with a combination of spinal cord stimulation and medication.
7. Neuromodulation evaluation recommended with Dr. Barolat in Denver.

PLAN:
1. Exalgo recently refilled.
2. Oxycodone and Topamax were refilled today as well.
3. I am going to give him a small amount of the Oxycodone 10mg.
4. He will let me know if the 10/325mg is more effective than the 15mg without Acetaminophen.
5. I am going to have him fitted for an issue a lumbar support for him.
6. I believe this will help significantly.
7. I will see him back in 1-2 months or sooner if needed.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DATE: Monday, May 23, 2011 PATIENT: Theodore P. Polansky

CHIEF COMPLAINT: Pain in both legs, back pain

DICTATED BUT NOT READ

DATE: Wednesday, April 20, 2011

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a now 54-year-old gentleman injured in a work-related incident back in 1999. Following the work-related fall, he was diagnosed with RSD in one lower extremity and a radicular syndrome in the other. He had exhaustive conservative and interventional treatment prior to his initial visit here. He came to have a successful trial with spinal cord stimulation and his pain was very well controlled for years with a combination of stimulation and medication. Close to 2 years ago he had a routine pulse generator change and has not had any stimulation since. He underwent revision and several other evaluations with no benefit. This has been quite a disappointment to him as medications alone have not controlled his pain. I was happy to hear that his visit with Dr. Barolat was approved and he was making plans to be seen by arguably the world's best expert in neuromodulation. I understand now that an appeal process is underway to prevent him from going and instead the carrier is sending him to Duke. He can certainly go to Duke, but there is nobody with the credentials of Dr. Barolat at Duke who could give the expert opinion on this very difficult problem. While it is true that Duke has many excellent departments, there is no one institution that has the best of everything and that is the case here as well.

CURRENT MEDICATIONS: Exalgo 96mg per day, Percocet for breakthrough pain. He also takes Topamax and Phenergan all written out of this office. His other medications include Trazodone, Lomotil, Geodon, Provigil, Wellbutrin, Cymbalta, Razadyne, and Lamictal.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 174 lbs.
Blood Pressure: 101/65. Pulse: 94. Respirations: 12. Temperature: 97A. SaO2: 96%. Pleasant man in no acute distress accompanied by his significant other.
Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Well-healed incisional sites in the low back and mid-thoracic area. Low back and lower extremity exam is unchanged. Gait: Antalgic. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Good relief for years with a combination of spinal cord stimulation and medication.
7. Neuromodulation evaluation recommended with Dr. Barolat in Denver.

PLAN:
1. I suggested to Ted that he just follow through with plans and go to Duke.
2. Perhaps they can come up with a very specific game plan and back it up with previous experience in a similar situation.
3. No changes in medication recommended.
4. I will see him back in one month, which I believe will follow his appointment at Duke.
5. He will call in the meantime with any questions or concerns.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Wednesday, April 20, 2011 PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

DATE: Monday, March 21, 2011 PATIENT: Ted Polansky

CHIEF COMPLAINT: Left calf pain.

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for routine scheduled follow up. He had been doing reasonably well until several weeks ago when he developed some increased calf pain with no inciting event. The discomfort has gotten slightly worse at best, and he had just recently been seen by his primary care physician. The left leg is the one that he was originally diagnosed with RSD, but this discomfort is more localized below the popliteal fossa. He denies any swelling, local areas or warmth, severe pain, or shortness of breath.

CURRENT MEDICATIONS: Exalgo 96mg per day, Percocet for breakthrough pain. He also takes Topamax and Phenergan all written out of this office. His other medications include Trazodone, Lomotil, Geodon, Provigil, Wellbutrin, Cymbalta, Razadyne, and Lamictal.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 181 lbs.
Blood Pressure: 116/3. Pulse: 81. Respirations: 12. Temperature: 97.6. SaO2: 98%. Pleasant man in no acute distress accompanied by a significant other.
Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Back exam is unchanged. Lower Extremities: There is no Homan's sign. No areas of local warmth. No cysts palpated in the popliteal fossa. Both legs are similarly warm. He does not have any increased pain with weightbearing and in fact reported to me during the exam that his pain is worse when he lies down. Gait: Unchanged. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for up until recently following a pulse generator change.
7. Recent increased left leg pain, cramping in nature.

PLAN:
1. Trial with Soma.
2. Discontinue Flexeril.
3. I also gave him a sample bottle of Quinine water.
4. Other medications were refilled.
5. He was instructed on dosing and side effects for the medications.
6. I will see him back in one month or sooner if necessary.
7. If the pain persists, I have asked him to let the primary care physician know as well.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Wednesday, February 16, 2011

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Low back and right leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for routine scheduled follow up. He is a 52-year-old gentleman that I have been following since his initial visit here back in 2000. He was injured in a work-related incident in 1999 and had been followed by the physicians at Midlands Orthopedics who referred him to me. History is well documented in the record and includes a diagnoses of RSD of the left lower extremity and the development of a radicular syndrome on the right. His treatment included exhaustive conservative and interventional care before he came to have a trial with spinal cord stimulation. The device was permanently implanted and he did very well with a combination of medication and stimulation for years. Unfortunately, a pulse generator change led to complete malfunction of his device, which was replaced, revised, all to no avail. We attempted another trial, but due to the dural scarring, could not advance the lead to an area that would cover his low back although we were able to cover the leg. This disappointed him greatly and I took his case to a conference with me. I discussed it with Dr. Barolat, perhaps one of the best known international experts in neuromodulation. Following discussion, Dr. Barolat felt that he might be able to help Mr. Polansky. He first wanted to review his records and have a discussion with him. He has since had a chance to review the records and spoke with the patient and his significant other and feels that it would be worthwhile to see him. We are working on the approval for him to be seen in that office. While it is a little unusual to send someone to Denver, I don't know of anyone else who can give a more expert option on whether neuromodulation should be pursued or laid to rest.

CURRENT MEDICATIONS: Exalgo 96mg per day, Percocet for breakthrough pain. He also takes Topamax and Phenergan all written out of this office. His other medications include Trazodone, Lomotil, Geodon, Provigil, Wellbutrin, Cymbalta, Razadyne, and Lamictal.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 180 lbs. (Unchanged from the previous visit.)
Blood Pressure: 132/78. Pulse: 84. Respirations: 16. Temperature: 98.5. SaO2: 98%. Pleasant man in no acute distress accompanied by his significant other.
HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Incisional sites from his previous surgery are well healed. Gait: He is ambulating with crutches. His exam and complaints are essentially unchanged.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for up until recently following a pulse generator change.
7. Status post recent revision with no improvement.
8. Repeat trial captured the leg but not the low back.

PLAN:
1. Continue with current medications.
2. No adjustments recommended today.
3. The only refills he needs are the Oxycodone and Topamax. Exalgo has been recently refilled.
5. Hopefully he can get out to see Dr. Barolat sometime soon.
6. Hopefully Dr. Barolat has something to offer him.

7. If Dr. Barolat cannot help him, then search for neuromodulation to control his pain would be effectively ended and that would be a positive note in a way, as Ted will understand that spinal cord stimulation is no longer an option.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Wednesday, October 20, 2010

CHIEF COMPLAINT: Back and leg pain

PATIENT: Ted Polansky

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 52-year-old man that I have been following since his first visit here back in 2000. He was injured in a work-related fall in 1999 and the initial diagnosis was RSD in the left lower extremity. He developed a radicular syndrome on the right side as well. He had conservative and interventional treatment and eventually came to have a trial with spinal cord stimulation. His RSD symptoms were arrested and abated somewhat and he was enjoying very good quality relief with a combination of medication and stimulation. The pulse generator was changed locally in August of 2009, following which the entire system failed. He was sent to Charleston for follow up treatment and revision there failed to improve his situation. This was followed by a trial to see if we could regain the coverage in the back and leg. Unfortunately, we were only able to cover his leg pain with the trial and could not advance the lead to a level where he would experience coverage in the low back. Several options have been explored and we are going to arrange for an evaluation with Dr. Barolat. He rates his pain as a 7 on the 0-10 scale.

CURRENT MEDICATIONS: Exalgo, Oxycodone, Topamax, Phenergan. Other medications include Trazodone, Lomotil, Phenergan, Geodon, Provigil, Wellbutrin, Cymbalta, Razadyne, Lamictal.

REVIEW OF SYSTEMS: He continues to see Dr. Jonet on a regular basis for counseling.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 179 lbs.
Blood Pressure: 113/68. Pulse: 99. Respirations: 16. Temperature: 97.6. SaO2: 96%. Pleasant man in no acute distress accompanied by a significant other.
HEENT: Alert and oriented. Good historian. No somnolence. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: He is concerned about his limited functioning and we discussed that he is likely deconditioned. Incisional sites are well healed in the mid and low back. Back and lower extremity exam is otherwise unchanged.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for years up until recently following a pulse generator change.
7. Status post recent revision with no improvement.
8. Repeat trial captured the leg but not the low back.

PLAN:
1. Oxycodone and Topamax were refilled along with Exalgo.
2. He was instructed on dosing and side effects.
3. Continue to explore referral to Dr. Giancarlo Barolat.
4. I will see him back in 1-2 months or sooner if needed.
5. No other recommendations made today.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Monday, September 20, 2010

CHIEF COMPLAINT: Back and leg pain

PATIENT: Ted Polansky

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for routine scheduled follow-up. He is a 52-year-old gentleman injured in a work-related incident back in 1999. He was initially referred to me with a diagnosis of RSD in the left lower extremity and radicular syndrome on the right. He has had exhaustive conservative, interventional, and surgical treatment. The records will reflect that he had a very good trial and permanent implant with spinal cord stimulation. The device was functioning well for him until the pulse generator needed to be replaced and unfortunately, we have had no luck in restoring the coverage including multiple revisions. At the present time, we are trying to arrange a referral to Dr. Giancarlo Barolat in Denver who hopefully can provide a definitive determination for him as to whether the stimulation will be able to be restored or not.

CURRENT MEDICATIONS: Exalgo currently at 64mg qd. Also on Topamax, Oxycodone, Phenergan written out of this office. Lomotil prn.

REVIEW OF SYSTEMS: As per HPI. He and Gail are complaining of an increasing "hunched over" problem with his back, and he is concerned about this.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 176 lbs. (+1 lb. since the last visit.)
Blood Pressure: 109/71. Pulse: 69. Respirations: 12. Temperature: 98.6. SaO2: 97%. Pleasant man in no acute distress accompanied by his significant other.
HEENT: Alert and oriented. Good historian. Lungs: Clear. Pain does not change with cough or Valsalva. Heart: Regular rate and rhythm. Lumbar Spine: In the sitting position, I do not notice anything new on his posture. Well-healed incisional sites in his back. Gait: He continues to ambulate with crutches. Gait remains somewhat awkward and antalgic without crutches.

IMPRESSION:
1. RSD, left lower extremity.
2. Chronic, intractable left leg pain.
3. Chronic low back pain, (right > left).
4. Radicular syndrome, right lower extremity.
5. Status post work related fall, 1999.
6. Well functioning spinal cord stimulator for years up until recently following a pulse generator change.
7. Status post recent revision with no improvement.
8. Recent trial that captured the leg but not the low back.

PLAN:
1. Continue with current medications.
2. No adjustments recommended at this time.
3. We will move forward with the referral to Dr. Barolat.
4. I have asked them for their patience with the process.
5. Urine specimen was taken today for routine baseline testing.
6. I will see him back in one month or sooner if needed.
7. We may need to get him some postural training.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Mee Ling Khour-Gould, Case Manager 612-2734
Frank Forsthoefel, M.D. 779-7522
Dr. Jonet 779-7522

DICTATED BUT NOT READ

DATE: Monday, February 11, 2008

CHIEF COMPLAINT: Back and leg pain

PATIENT: Theodore Polansky

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 50-year-old gentleman injured in a work related incident in October 1999. He was diagnosed with RSD in the left lower extremity and developed a radicular syndrome in the right lower extremity. He failed to respond to conservative and interventional treatment. He eventually came to have a trial with spinal cord stimulation. The device was permanently implanted but required revision. He had been doing reasonably well. Recently he had the pulse generator changed and he is very pleased with the results. Enhanced stimulation with the improved power source underscores the benefit that he has been having with the device.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet 10/650mg up to #2 per day for breakthrough pain.

REVIEW OF SYSTEMS: He has been off Topamax for almost a year now and is starting to have some return of his headaches. We took him off the Topamax because of the weight loss. He wants to know if he can be restarted.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 183 lbs. (+5 lbs. since the last visit.)
Blood Pressure: 129/76. Pulse: 96. Respirations: 14. Temperature: 99.1/98.7. SaO2: 98%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Incisional sites for the pulse generator and lead are well healed. Bilateral Lower Extremities: He complains of some pain in the dorsum of the left foot. He has good range of motion. He is able to stand on heels and toes with some difficulty. Gait: He continues to walk with crutches. He ambulates reasonably well with these. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. RSD, left lower extremity.
2. Radicular syndrome, right lower extremity.
3. Spinal cord stimulator functioning well.
4. Pulse generator successfully replaced by Dr. Holbrook 3 weeks ago.
5. Patient reports excellent results with the revised pulse generator.
6. Status post-work related injury, October 19, 1999.

PLAN:
1. Refill Percocet 10/650mg, #60.
2. Refill Methadone 40mg bid.
3. Restart Topamax 100mg bid.
4. We will keep a close eye on his weight.
5. We will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD
Meeling Khour-Gould, Case Manager 254-9740
Preston F. McDaniel, Esq 612-2734
252-0709

DICTATED BUT NOT READ

DATE: Monday, January 7, 2008

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 50-year-old gentleman with a right lumbar radicular syndrome and a left lower extremity RSD that developed following a work related fall in 1999. He failed to respond to conservative and interventional treatment. He eventually came to have a trial with spinal cord stimulation. He did reasonably well with this up until just recently. The pulsed generator was found to be nonfunctioning and was replaced. Once again he is doing very well.

CURRENT MEDICATIONS: Methadone and Percocet written by me. He is also on Wellbutrin, Geodon, Pepcid, Androgel, Nexium, Ambien, Promethazine, Singulair, and Lomotil.

REVIEW OF SYSTEMS: He did have some neuropsychological testing recently and a CAT scan is pending.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 178 lbs. (+8 lbs. since the last visit.)
Blood Pressure: 125/70. Pulse: 86. Respirations: 12. Temperature: 98.3. SaO2: 96%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Well-healed incisional sites from previous surgery. Gait: He is ambulating reasonably well today with the crutches. Exam and complaints are otherwise unchanged from the previous visit.

IMPRESSION:
0. RSD, left lower extremity.
0. Radicular syndrome, right lower extremity.
0. Spinal cord stimulator functioning well.
0. Pulse generator successfully replaced by Dr. Holbrook 3 weeks ago.
Patient reports excellent results with the revised pulse generator.
Status post-work related injury, October 19, 1999.
Neuropsychological work up ongoing.

PLAN:
0. Refill Percocet 10/650mg, #60.
0. Refill Methadone 40mg bid.
0. I will see him back in one month or sooner if necessary.
0. We will be in touch with him regarding any changes in coverage.
0. At the present time, no adjustment is indicated.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734
Preston F. McDaniel, Esq 252-0709

DICTATED BUT NOT READ

DATE: Monday, December 3, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: "The stimulator is working very well"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 50-year-old gentleman with a lumbar radicular syndrome affecting one leg and a RSD affecting the other. He was injured in a work related incident in October 1999. I have been following him for a number of years with his chronic, intractable pain. Recently, the stimulator pulse generator was replaced and has been adjusted several times. He feels that it is working better than ever. His coverage is excellent and the pain relief is improved.

CURRENT MEDICATIONS: Methadone and Percocet written by me. He is also on Wellbutrin, Geodon, Pepcid, Androgel, Nexium, Ambien, Prometbazine, Singulair, and Lomotil.

REVIEW OF SYSTEMS: He reports having some memory loss and is to undergo some testing.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 170 lbs. (+6 lbs. since the last visit.)
Blood Pressure: 112/64. Pulse: 79. Respirations: 12. Temperature: 98.9. SaO2: 98%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: The pulse generator replacement site incision is well healed. The other surgical site is well healed as well in the mid-thoracic area. Exam and complaints are otherwise unchanged.

IMPRESSION:
1. RSD, left lower extremity.
2. Radicular syndrome, right lower extremity.
3. Spinal cord stimulator functioning well.
4. Pulse generator successfully replaced by Dr. Holbrook 3 weeks ago.
5. Patient reports excellent results with the revised pulse generator.
6. Status post-work related injury, October 19, 1999.

PLAN:
1. Refill Percocet 10/650mg, #60.
2. Refill Methadone 40mg bid.
3. I will see him back in one month or sooner if necessary.
4. We will be in touch with him regarding any changes in coverage.
5. We will have him follow up for reprogramming as needed.
6. He will let me know the outcome of his neuropsychological testing.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

Jan 23 2008 12:48PM PALMETTO PAIN MANAGEMENT 803 779 3207 P.6

DATE: Monday, November 5, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: "I'm doing better"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He now has the pulse generator replaced. This was performed by Dr. Holbrook on October 9, 2007. After the battery replacement, he was seen here in this office for reprogramming on October 9, 2007. This was performed by Steve Gruman. He was also seen on October 23, 2007, by Cathy, the other local Medtronic rep. He now has excellent coverage once again. This is just in time as far as he is concerned as he typically has increased pain with the weather turns cooler, which it has in the past week or so.

CURRENT MEDICATIONS: Methadone and Percocet written by me. He is also on Wellbutrin, Geodon, Pepcid, Androgel, Nexium, Ambien, Promethazine, Singulair, and Lomotil.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 164 lbs. (This is essentially unchanged.)
Blood Pressure: 127/82. Pulse: 91. Respirations: 16. Temperature: 99.5. Recheck temps were 99.2 and 99.1. He was reminded to keep track of his temperature over the next couple of days. SaO2: 98%. Pleasant man in no acute distress.
HEENT: Alert and oriented. Good historian. He is in very good spirits. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: The incisional site for the pulse generator is already very well healed. Exam and complaints are otherwise unchanged.

IMPRESSION:
1. RSD, left lower extremity.
2. Radicular syndrome, right lower extremity.
3. Spinal cord stimulator functioning well.
4. Pulse generator successfully replaced by Dr. Holbrook 3 weeks ago.
5. Status post-work related injury, October 19, 1999.

PLAN:
1. Refill Methadone 40mg bid.
2. Refill Percocet 10/650mg, #60.
3. I will see him back in one month or sooner if necessary.
4. We will have him follow up for reprogramming as needed.
5. We will be in touch with him regarding any changes in coverage.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD
Meeling Khour-Gould, Case Manager 254-9740 612-2734

DICTATED BUT NOT READ

DATE: Tuesday, October 23, 2007

CHIEF COMPLAINT: "I'm a little better"

PATIENT: Ted Polansky

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. At his request, he had his pulse generator replaced two weeks ago by Dr. Holbrook. He had one adjustment but still the coverage is suboptimal. We arranged for him to see Cathy, who is a Medtronic rep, that has worked with him before.

PHYSICAL EXAMINATION:
Pulse: 78. Respirations: 14. Temperature: 98.7.
Lumbar Spine: The site is healing well. He did have the reprogramming done and reports that the coverage was better at the time of discharge.

IMPRESSION:
1. RSD, left lower extremity.
2. Status post-work related injury, 1999.
3. Recent pulse generator replacement.

PLAN:
1. I will see him back for his usual scheduled appointment.
2. This will probably be in approximately two weeks.
3. We will discuss any further coverage issues at that time.
4. Otherwise, continue with current medications.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

c: Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Tuesday, October 9, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky was worked into our schedule today at his request. He had pulse generator replaced today. The coverage is back but it is off target. He called to see if we could arrange the reprogramming.

PHYSICAL EXAMINATION:
Weight: He was not weighed today.
Blood Pressure: 121/72. Pulse: 77. Respirations: 12. Temperature: 97.9. SaO2: 95%. He is in good spirits and doing well considering he went through the procedure earlier today and has had anesthesia.

IMPRESSION:
1. RSD, left lower extremity.
2. Pulse generator replaced today.

PLAN:
1. The pulse generator was reprogrammed.
2. His coverage was better.
3. We will see him back as needed.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

DATE: Monday, October 8, 2007

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He has a spinal cord stimulation that has been nonfunctioning since June of this year. It is placed to focus on the RSD in his left lower extremity. He is scheduled now for new pulse generator placement tomorrow with Dr. Holbrook.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, and Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 160 lbs.
Blood Pressure: 118/75. Pulse: 87. Respirations: 16. Temperature: 99. SaO2: 96%. Pleasant man in no acute distress. Exam and complaints are unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Complete failure of the pulse generator.

PLAN:
1. Patient scheduled to have the pulse generator revised tomorrow.
2. He will discuss with Dr. Holbrook where he would like the new site to be if a revision is necessary.
3. We will follow up with him in approximately one month or sooner if necessary.
4. I refilled the Methadone 40mg, #60 today.
5. I refilled Percocet 10/650mg, #60 today.
6. He was instructed on dosing and side effects.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Monday, September 10, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a now 50-year-old gentleman that I have been following since 2000. He was injured in a work related incident in October 1999. We have treated him for his initial diagnosis of RSD, which has improved as well as a right lower extremity radicular syndrome. He failed interventional and conservative treatment and eventually came to have a spinal cord stimulator placed. Revision was required. It was working reasonably well but the pulse generator began to fail. He was scheduled to see Dr. Vender but that appointment has been put on hold indefinitely and we need to make arrangements for him to see someone else for the stimulator evaluation.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, and Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: No changes.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 160 lbs. (+6 lbs. since the last visit.)
Blood Pressure: 113/72. Pulse: 91. Respirations: 16. Temperature: 98.5. SaO2: 99%. Pleasant man in no acute distress. He is in good spirits today although he is expressing concern about not being able to see somebody to have the stimulator evaluated. HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Limited range of motion of the low back, not tested to the extremes. Well-healed incisional sites at the pulse generator and lead placement areas. Straight leg raise is negative. Bilateral Upper Extremities: He continues to have limited range of motion of both shoulders. Gait: He is still ambulating on crutches. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Spinal cord stimulator pulse generator failing.

PLAN:
1. We will arrange to have the pulse generator replaced locally.
2. I have encouraged him to continue with the medications for now in an effort to control his pain.
3. Once the stimulator is working once again, we can perhaps adjust his medications downward.
4. We will move as quickly as we can to make the referral for the battery replacement.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Tuesday, August 7, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: "My stimulator is not working"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He was last seen on July 2, 2007, for a routine appointment. It seemed that his pulse generator was not functioning properly. I arranged for him to see me today as well as the Medtronic rep. He has had to use more medication recently as expected since the stimulator does not seem to be working at all at this time.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, and Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 154 lbs. (This is -4 lbs. since the last visit.)
Blood Pressure: 120/77. Pulse: 86. Respirations: 12. Temperature: 98.1. SaO2: 98%. Pleasant man in no acute distress accompanied by a significant other, Gail. The stimulator was interrogated. It is completely nonfunctioning. He has no coverage at all.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
Patient had been doing reasonably well with medication and spinal cord stimulation.

PLAN:
1. He needs to have the pulse generator replaced.
2. It is completely dead at this time.
3. Continue with current medications.
4. I have today refilled Percocet 10/650mg, #60, Methadone 40mg, #60.
5. We will arrange for the pulse generator to be replaced as soon as possible.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Monday, July 2, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: "I'm doing well"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a now 50-year-old gentleman that I have been following for more than six years with chronic, intractable leg pain. His left leg pain developed following work related fall in October 1999. He developed a radicular syndrome in the right lower extremity. He failed to respond to conservative and interventional treatment and came to have a trial with spinal cord stimulation. The combination of medication and spinal cord stimulation are keeping him reasonably comfortable.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, and Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: No changes.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 158 lbs. (+2 lbs.)
Blood Pressure: 110/70. Pulse: 86. Respirations: 12. Temperature: 99. SaO2: 96%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. Lungs: Clear. Pain does not change with cough or Valsalva. Heart: Regular rate and rhythm. Lumbar Spine: Low back and lower extremity exam are the same. Gait: He continues to ambulate with crutches.. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
   Right meralgia paresthetica.
   Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.
7. Patient awaiting pulse generator replacement.

PLAN:
1. We will make sure he hears from Augusta soon.
2. I understand that they will replace the same pulse generator as a rechargeable one will require changing the leads as well.
3. The patient is happy with maintaining the same pulse generator.
4. I have refilled the Methadone 40mg, #60.
5. I have refilled his Percocet 10/650mg, #60.
6. I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Tuesday, June 5, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: "I'm doing fairly well"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. Since his last visit, he did have an evaluation with Dr. Vender in Augusta. Dr. Vender is planning on replacing the pulse generator. Hopefully this will further enhance his coverage. At the present time, his chronic pain is being addressed with the combination of medications and spinal cord stimulation.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, and Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: He has a colonoscopy scheduled.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 156 lbs. (-2 lbs.)
Blood Pressure: 122/72. Pulse: 94. Respirations: 16. Temperature: 99.2. SaO2: 98%. Pleasant man in no acute distress. Exam and complaints are unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.

PLAN:
1. Patient will have the pulse generator replaced.
2. Hopefully this will be a rechargeable device if possible.
3. Refill Methadone today 40mg, #60.
4. Refill Percocet 10/650mg, #60, that he takes for breakthrough pain.
5. I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Monday, April 30, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. Following his last visit here on March 26, 2007, I arranged for him to see the Medtronic rep. The system was interrogated and as it turns out he only has 10% residual power in the battery. It is time to change this and he has questions about going on to the newer, rechargeable one or perhaps staying with the same pulse generator that he has. He is scheduled to see Dr. Vender in Augusta this Wednesday, May 2. Dr. Vender will discuss the options which may require a lead revision.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, and Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 158 lbs.
Blood Pressure: 113/63. Pulse: 84. Respirations: 14. Temperature: 99.3. SaO2: 98%. Pleasant man in no acute distress accompanied by his significant other who I have not seen for some time. They are both in good spirits and he is looking forward to the consultation with Dr. Vender. I discussed with him specifically his current coverage, which regionally speaking is very good. He has coverage in most of the left leg as well as in the low back. He is going to discuss with Dr. Vender what are the chances of improving the coverage further or what are the chances of losing any coverage should he go through a lead revision.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
   RSD, left lower extremity.
   Radicular syndrome, right lower extremity.
2. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.
7. Increased left leg pain recently.

PLAN:
1. I have refilled the Methadone for him today, #60.
2. I have refilled the Percocet for him today, #60.
3. I have given him his recent films as well as H&P and discharge summary from Baptist Hospital from last August.
4. He will take these to Dr. Vender.
5. I will look forward to hearing back from Dr. Vender once he has evaluated Ted and Ted will get back to me as well if he has any further questions.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Monday, March 26, 2007

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Left leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. I last saw him on February 26, 2007. He is a an almost 50-year-old (April 7) gentleman that I have been following for more than 5 years with pain that developed following a work related fall. His working diagnosis has been left lower extremity RSD and a right lower extremity radicular syndrome. He has a spinal cord stimulator supplemented with medication to control the pain. He has had significant increase in his left leg pain recently with no inciting event.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, and Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: He continues to lose weight although the Topamax seems to help him clinically.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 153 lbs. (This is 3 lbs. lighter than the last visit and a 20-lb. weight loss since October.)
Blood Pressure: 112/65. Pulse: 83. Respirations: 16. Temperature: 98.7. SaO2: 98%. Pleasant man in no acute distress.
HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Well-healed incisional sites for the spinal cord stimulator. Bilateral Lower Extremities: He has weakness in both legs, (left>right). Some pain with range of motion of the left leg. Mild, patchy dysesthesia in the left lower extremity. Gait: He continues to ambulate with crutches. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
   Radicular syndrome, right lower extremity.
   Right meralgia paresthetica.
3. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.
7. Increased left leg pain recently.

PLAN:
1. I am going to have the Medtronic rep check the stimulator functioning and make adjustments if necessary.
2. We will arrange this hopefully this week.
3. He can also follow up with the neurologist regarding the increased leg pain.
4. Refill Methadone 40mg bid.
5. Refill Percocet 10/650mg, #60 for breakthrough pain.
6. I recommended that he hold on the Topamax with his continued weight loss even though this seems to help him significantly.
7. I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent today with the patient was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Monday, February 26, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. This is a scheduled monthly visit. He was last seen on January 29, 2007. No changes were made on the last visit. He seems to think that his pain syndrome might improve once again going back up on the Topamax. We need to watch his weight loss as we do this.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, and Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: No changes.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 156 lbs. (-3 lbs.)
Blood Pressure: 104/68. Pulse: 82. Respirations: 12. Temperature: 98.3. SaO2: 100%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Back exam is unchanged. Bilateral Lower Extremities: Lower extremity exam is unchanged. Gait: He continues to ambulate with crutches. Integumentary: Skin is cool and dry throughout.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.

PLAN:
1. Refill Methadone 40mg bid.
2. Refill Percocet 10/650mg, #60, prn.
3. Topamax to 100mg bid, #60 written.
4. I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent today with the patient was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Monday, January 29, 2007

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Ted is back today for follow-up. On his last visit here, December 19, 2006, we began adjusting his Methadone downward to see if his somnolence improved. There was no change in his situation and when he reached the minimum level of pain relief we had him raise the dose to a therapeutic level once again. He has discussed this with his psychologist and psychiatrist. He has also noticed increased pain during this time of year. I told him that with the RSD and lumbar radicular syndromes considered, this is not unusual. Hopefully with the improvement in weather expected around the corner, he will do well once again. His medication intake certainly changes during these periods and I explained to him that that was understandable as well.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, and Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: As per HPI. He noticed that his migraines have diminished in frequency since starting back on the Topamax some time ago.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 159 lbs. (-4 lbs.)
Blood Pressure: 108/71. Pulse: 81. Respirations: 12. Temperature: 99. SaO2: 100%. Pleasant man in no acute distress.
HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Well-healed incisional sites from the spinal cord stimulator placement. Bilateral Lower Extremities: There is some sensitivity and patchy dysesthesia in the left lower extremity, particularly along the anterior thigh. Gait: He continues to ambulate with crutches. Integumentary: Skin is cool and dry throughout.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.

PLAN:
1. Refill Methadone.
2. Refill Percocet.
3. Refill Topamax.
4. Refill Lomotil.
5. We will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent today with the patient was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

Feb 20 2007 1:42PM Palmetto Pain 803 779 3207 P.4

DATE: Tuesday, December 19, 2006

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He brought with him an x-ray today taken by his urologist. It appears that the sleeve over the lead may have become dislodged. We are going to show this to one of the neurosurgeons. His psychiatrist thinks that he may be overmedicated and suggested an adjustment in the Methadone. Certainly, we can try this as we have in the past but it may just be a combination of the medications that he is on that are causing some of the sleepiness.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, and Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 163 lbs. (-6 lbs.)
Blood Pressure: 102/68. Pulse: 76. Respirations: 12. Temperature: 98.6. SaO2: 100%. Pleasant man in no acute distress.
HEENT: He is awake, alert and oriented. No somnolence today. Exam and complaints are otherwise unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.
7. Lead sleeve dislodged per recent x-ray.
8. Question of somnolence.

PLAN:
1. I have given him a schedule to reduce the Methadone by 10mg every fourth or fifth day.
2. He will let us know if his somnolence improves or he reaches an intolerable pain threshold, whichever comes first.
3. We will continue with the other medications for now including Percocet and Topamax.
4. He will continue with the medications written by his other physicians as well.
5. I will see him back in one month or sooner if necessary.
6. He will call with any problems that he encounters in tapering the Methadone.

ADDENDUM: More than 50% of the time spent today with the patient was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Monday, November 13, 2006

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 49-year-old gentleman that we have been following closely since his first visit here back in 2003. He was injured in a work related incident more than 7 years ago in October 1999. Diagnoses include RSD, left lower extremity, and radicular syndrome, right lower extremity. He failed to respond to conservative treatment and eventually came to have a trial with spinal cord stimulation. The unit was permanently implanted. He has seen a number of healthcare professionals including Dr. Mandel, a neurologist. Unfortunately, no other options are available for him aside from medication titration. On his last visit here, we outlined for him a way to decrease his Methadone so that we could determine if that in fact was causing the diaphoresis. With significant reduction of the medication, there were no changes and he went back on his usual dose. One or a combination of his other medications may be responsible for the problem. Otherwise he is doing reasonably well on the Methadone, Topamax, and Percocet.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 169 lbs. (-4 lbs.)
Blood Pressure: 121/70. Pulse: 74. Respirations: 14. Temperature: 99. SaO2: 100%. Pleasant man in no acute distress. He is not diaphoretic today.
HEENT: Alert and oriented. Good historian. Exam and complaints are unchanged. He is ambulating well with his crutches today.

IMPRESSION:
Status post-work-related injury, October 19, 1999.
RSD, left lower extremity.
5. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.

PLAN:
1. Continue with Methadone.
2. He apparently is not having any diaphoresis from the Methadone.
3. Continue with Percocet for breakthrough pain.
4. Continue with Topamax 100mg qd.
5. Continue with other medications per his other physicians.
6. I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent today with the patient was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

Feb 20 2007 1:42PM Palmetto Pain Mgmt 803 779 3207 P.2

DATE: Monday, October 16, 2006

PATIENT: Theodore Polansky

CHIEF COMPLAINT: "I'm doing pretty well"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. I last saw him on September 11, 2006. We had restarted him on the Topamax. He seems to be doing well with this. He has been taken off the Lyrica completely and the Wellbutrin has been decreased significantly as well. He is feeling reasonably well from a pain management standpoint. He continues to have GI complaints and in particular, these are nausea at this time. He has also had problems with diarrhea. He is also still grappling with the diaphoresis and it has been suggested to him that perhaps it is the Methadone.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain, Topamax 100mg qd. Other medications include Wellbutrin, Geodon, Pepcid, AndroGel, Nexium on a schedule. Medications he takes as needed are Ambien CR, Promethazine, Singulair, Lomotil.

REVIEW OF SYSTEMS: As per HPI. He reports good coverage with the stimulator.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 173 lbs.
Blood Pressure: 114/76. Pulse: 88. Respirations: 12. Temperature: 98.5. SaO2: 99%. Pleasant man in no acute distress. HEENT: Alert and oriented. No somnolence. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Well-healed incisional sites where the stimulator is placed. Gait: He is ambulating with crutches. Integumentary: Skin is cool and minimally moist today.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.
7. Continued problems with diaphoresis.

PLAN:
1. Decrease Methadone to 40mg qd. If there is no change in the diaphoresis, he can go off the Methadone completely after one week.
2. I have given him enough Percocet to supplement the Methadone.
3. If in fact he sees a significant decrease in the diaphoresis at 40mg per day, we can then prescribe 20mg bid.
4. If he comes off the Methadone completely and is still diaphoretic, then it would underscore the fact that the diaphoresis is not due to the Methadone.
5. I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent today with the patient was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734
Howard Mandel, MD 803-366-3439

DICTATED BUT NOT READ

DATE: Monday, September 11, 2006

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Pain in both legs (right>left)

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. I last saw him as an inpatient at Baptist several weeks ago. He was admitted with pain and swelling in both lower extremities, right much worse than left. Work up did not produce any etiology for the pain but he was discharged in improved condition. He has continued to improve significantly since discharge. There was some thought that perhaps there was a drug/drug interaction and there is also the possibility that this is due as a result of the bulging disc in his back. We have long since tried to treat him for a lumbar radicular syndrome as well as the RSD in the left lower extremity. He has been reasonably well controlled with medication and spinal cord stimulation.

CURRENT MEDICATIONS: Methadone, and Percocet for breakthrough pain, Testosterone gel, Oxytrol, Dextral, Ambien, Geodon, Lamictal, Phenergan, Lyrica, and Wellbutrin written by other physicians.

REVIEW OF SYSTEMS: As per HPI. He is having more frequent headaches since stopping the Topamax last year.

SOCIAL HISTORY: No changes.

PHYSICAL EXAMINATION:
Weight: 182 lbs. (+5 lbs.)
Blood Pressure: 119/73. Pulse: 92. Respirations: 16. Temperature: 97.3. SaO2: 96%. Pleasant man in no acute distress accompanied by his significant other.
HEENT: Alert and oriented. Good historian. No nystagmus or strabismus. No tics or torticollis. Lungs: Clear. Heart: Regular rate and rhythm. Bilateral Upper Extremities: Some limitation of both shoulders with internal and external rotation. Bilateral Lower Extremities: The skin in both lower extremities is warm and dry. Minimal swelling around the right ankle. The edema is significantly diminished as compared with what I saw two weeks ago in the bospital. Gait: He continues to walk on crutches and his gait is antalgic.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.
7. Continued problems with diaphoresis.
8. Ineffective trial with Lidoderm.
9. Recent hospitalization with work up for swollen right lower extremity.

PLAN:
1. Restart Topamax at 100mg bid.
2. He can go to 200mg bid if necessary.
3. I have asked him to maintain a lower dose and see if he develops any type of headache.
4. Regarding the bilateral lower extremity pain, I would recommend that he continue with the current medications of Methadone and Percocet for breakthrough pain.
5. He asked me about seeing a neurologist again and as best as I can tell from the notes, I do not believe that Dr. Mandel has anything further to offer him.
6. He will continue to follow with his primary care physician.
7. I would consider a lateral femoral cutaneous nerve block as a last resort option for the meralgia paresthetica.

ADDENDUM: More than 50% of the time spent today with the patient was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734
Howard Mandel, MD 803-366-3439

DICTATED BUT NOT READ

Nov 02 2006 6:32PM Palmetto Pain Mgmt P.2/2 803 779 3207 p.4

DATE: Monday, July 31, 2006

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Sweating all the time

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 48-year-old patient that I have seen on a number of occasions since his first visit with me back in 2000. He was injured in a work related incident in 1999, and was diagnosed with RSD in the left lower extremity. He failed to respond to conservative and interventional treatment and developed a contralateral radicular syndrome as well. He had a successful trial with spinal cord stimulation, permanent implantation with revision and has been doing reasonably well with the spinal cord stimulator and medications. He has had some problems with the stimulator on and off that seem to have resolved for the most part. He developed bilateral shoulder pain which was orthopedically evaluated and treated. This developed from the use of crutches for an extended period of time.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed, Provigil, Dextral, Lithium, Oxytrol, Ambien, Imitrex, Lamictal, Phenergan, Geodon, and Lyrica.

REVIEW OF SYSTEMS: He does not need a refill on the Percocet today citing that his pain has been pretty good. However, he is overly concerned with the diaphoresis that has been plaguing him and continues to do so. He denies constitutional symptoms.

PHYSICAL EXAMINATION:
Weight: 177 lbs. (+3 lbs.)
Blood Pressure: 118/73. Pulse: 70. Respirations: 12. Temperature: 98.5. SaO2: 97%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Well-healed incisional sites in the low to mid back. Straight leg raise is equivocal. He stands on heels and toes with some difficulty. Gait: Antalgic. He is using crutches to ambulate. Integumentary: Skin is very moist throughout, particularly on his back and neck.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
   Radicular syndrome, right lower extremity.
   Right meralgia paresthetica.
   Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.
7. Continued problems with diaphoresis.
8. Ineffective trial with Lidoderm.

PLAN:
1. I reviewed the typical side effects of Lyrica with him and they do not include diaphoresis.
2. He has an appointment with Dr. Marturano later today and will discuss with her medication changes, particularly the Geodon, following which he may have begun noticing the diaphoresis.
3. Refill Methadone 30mg bid, #60.
4. Percocet refill not needed today.
5. I will see him back in one month or sooner if necessary.
6. I encouraged him to follow up with Dr. Mandel for the upcoming visit.
7. Discontinue Lidoderm as this is ineffective.

ADDENDUM: More than 50% of the time spent today with the patient was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734
Howard Mandel, MD 803-366-3439

DICTATED BUT NOT READ

DATE: Wednesday, June 21, 2006 PATIENT: Theodore Polansky

CHIEF COMPLAINT: Pain in both legs, shoulder pain, left knee pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 48-year-old gentleman here for his monthly follow up visit. He injured himself in a work related incident almost 7 years ago. He was diagnosed with RSD in the left lower extremity, failed to respond to conservative treatment and now relies on medications combined with spinal cord stimulation. He also has a radicular syndrome in the right lower extremity. As a result of walking on crutches for years, he developed some shoulder problems and now is having some knee discomfort as well. I explained to him that I would be reluctant to inject the knee in a leg with a diagnosis of RSD. Flare up has subsided and he has appropriately increased and now decreased once again the breakthrough medication. Since his last visit, he did follow up with Dr. Mandel who recommended Lidoderm for the knee. Ted asked me about this and I agreed that this was the most benign, specific treatment for the knee pain that might develop from time to time.

CURRENT MEDICATIONS: Those written by myself are Methadone 40mg bid and Percocet as needed for breakthrough. He is also on Lyrica 300mg bid. Other medications include Provigil, Dextral, Lithium, Oxytrol, Ambien, Imitrex, Lamictal, Phenergan, and Geodon.

REVIEW OF SYSTEMS: Patient complains of diaphoresis that has become more of a problem lately. He was started on Wellbutrin over the past few weeks but does not recall whether the sweating began just after the medication adjustment.

SOCIAL HISTORY: Unchanged.

PHYSICAL EXAMINATION:
Weight: 174 lbs. (+1 lbs.)
Blood Pressure: 110/73. Pulse: 85. Respirations: 14. Temperature: 99.3. SaO2: 99%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. Cervical Spine: Range of motion is full. Symmetrical contour of shoulders. Lungs: Clear. Pain does not change with cough or Valsalva. Heart: Regular rate and rhythm. Lumbar Spine: Well-healed incisional sites in the low and mid back. Bilateral Upper Extremities: Limited range of motion of both shoulders with internal and external rotation. Bilateral Lower Extremities: Range of motion of both knees is reasonably full. Cannot reproduce the pain with palpation of range of motion today. Gait: He is ambulating with two crutches. Integumentary: There is no diaphoresis this morning. Skin is cool and dry throughout.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.
7. Lyrica increased to 300mg bid.

PLAN:
1. Continue with current medications.
2. I refilled Methadone 40mg, #60, one tablet bid.
3. Refill Percocet 10/650mg, #60, to take as needed.
4. I will see him back in one month or sooner if necessary.
5. I encouraged him to use the Lidoderm patch which he has not started with yet.
6. I have asked him to discuss the diaphoresis with Dr. Marchurano on the next visit there.
7. I have also asked him to discuss the diaphoresis with Dr. Mandel next time he visits there as well.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734
Howard Mandel, MD 803-366-3439

DICTATED BUT NOT READ

DATE: Wednesday, May 24, 2006

PATIENT: Theodore P. Polansky

CHIEF COMPLAINT: "My pain is a little worse"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 48-year-old patient that I have been following since 2001. He had a work related injury in October 1999, was diagnosed with RSD of the left lower extremity and also developed a radicular syndrome in the right lower extremity. He failed conservative and interventional treatment, came to have spinal cord stimulation. This is providing some relief. We have also made a number of medication adjustments over the years and he has been reasonably comfortable with the Methadone and Percocet. He only takes the Percocet for breakthrough pain and understands that concept well. He has had a recent neurological evaluation with Dr. Mandel in Rock Hill. The results of the testing are not available at this time. However, the patient was put on Lyrica and is seeing some improvement. Further titration may be indicated.

CURRENT MEDICATIONS: Those written by myself are Methadone 40mg bid and Percocet as needed for breakthrough. He is also on Lyrica 225mg bid at the present time. Other medications include Provigil, Dextral, Lithium, Oxytrol, Ambien, Imitrex, Lamictal, Phenergan, and Geodon.

REVIEW OF SYSTEMS: Reports constitutional symptoms including some lethargy and diarrhea.

PHYSICAL EXAMINATION:
Weight: 173 lbs.
Blood Pressure: 125/82. Pulse: 97. Respirations: 14. Temperature: 99.4. SaO2: 98%. Pleasant man in no acute distress. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Exam of the back and lower extremities are unchanged. Gait: Ambulating with crutches.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.
7. Some improvement noted with Lyrica.

PLAN:
1. Increase the Lyrica to 300mg at night.
2. In one week, he can go to 300mg during the day.
3. He understands that this is the maximum titration.
4. Refill Methadone 40mg, #60.
5. Refill Percocet 10/650mg, #60.
6. I will see him back in one month or sooner if necessary.
7. The patient was reminded that with his condition considered, he is going to have flare ups from time to time that may not be traceable to any inciting event. He has spinal cord stimulator that is adjustable and the prn medication should help as well.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Wednesday, April 12, 2006

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 48-year-old gentleman last seen on March 13, 2006. Since his last visit here, he has been seen by Dr. Mandel. Electrodiagnostic testing was done and the results are not available to me at this time. According to the patient, some pathology was noted in the left lower extremity but it was not specific. He has been titrated on Lyrica now to 225mg twice a day and thinks that he is doing a little bit better. Overall he is feeling as well as he has been for several years now. He is getting reasonably good coverage on stimulation and the medication is effective. He is requiring only occasional breakthrough medication.

CURRENT MEDICATIONS: Methadone 40mg twice a day, Percocet only occasionally. Other medications written by other physicians include Lyrica, Provigil, Dexiral, Lithium, Oxytrol, Ambien, Geodon, Imitrex, Lamictal, and Phenergan.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: He has taken a short trip to the beach and was walking for short distances; something that he has not been able to do for some time.

PHYSICAL EXAMINATION:
Weight: 171 lbs. (-2 lbs.)
Blood Pressure: 109/68. Pulse: 80. Respirations: 12. Temperature: 98.8. SaO2: 100%. Pleasant man in no acute distress accompanied by a significant other.
HEENT: Alert and oriented. Good historian. No somnolence. Lungs: Clear. Heart: Regular rate and rhythm. Gait: He continues to walk on crutches. Exam and complaints are otherwise unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing reasonably well with a combination of spinal cord stimulation and medication.

PLAN:
1. The patient has a follow up with Dr. Mandel in a few months.
2. I will see him back in one month or sooner if necessary.
3. At some point, I can write his Lyrica as well when Dr. Mandel has done all that he can.
4. Methadone refilled today 40mg, #60. I reminded him that the medication could be dissolved as he was having trouble due to the size of the pill.
5. Percocet refill is not needed today.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

Jun 14 2006 3:21PM Palmetto Pain Mgmt 803 779 3207 p.2

DATE: Monday, March 13, 2006

PATIENT: Ted Polansky

CHIEF COMPLAINT: Pain in both legs (left>right)

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 48-year-old gentleman that I have been following for the past 5 years with post traumatic RSD, left lower extremity, radicular syndrome, right lower extremity, and various other complaints that developed following the initial injury. He is reasonably well controlled on medications although just recently he reports a flare up of his pain. He is not sure exactly why.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet up to two times per day. Other medications include Provigil, Dextral, Lithium, Oxytrol, Ambien, Geodon, Imitrex, Lamictal, Phenergan, Lyrica.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: He does have an appointment with Dr. Mandel for electrodiagnostic testing and other evaluation in the next few weeks.

PHYSICAL EXAMINATION:
Weight: 173 lbs.
Blood Pressure: 127/81. Pulse: 82. Respirations: 14. Temperature: 99.2. SaO2: 99%. Pleasant man in no acute distress.
HEENT: Alert and oriented. Good historian. He is in good spirits and there is no somnolence. Exam and complaints are otherwise unchanged and he continues to ambulate with crutches.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
   Patient doing reasonably well with a combination of spinal cord stimulation and medication.
   Recent flare up.
   Further work up planned.

PLAN:
1. We will await Dr. Mandel's evaluation.
2. Refill Methadone 40mg bid.
3. Refill Percocet #60.
4. I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

Apr 12 2006 1:50PM Palmetto Pain Assmt 803 779 3207 P.6

DATE: Monday, February 13, 2006

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 48-year-old gentleman, last seen on January 11, 2006. He has also been seeing Dr. Mandel and has had orthopedic, urological, and GI consultations as well. He is accompanied today by his significant other for the first time in many visits. She indicates that he seems to be doing reasonably well, all things considered.

CURRENT MEDICATIONS: I am writing Methadone 40mg bid for him and occasional Percocet. He uses these sparingly and, in fact, does not need any today. Other medications include Provigil, Dextral, Lithium, Oxytrol, Ambien, Geodon, Imitrex, Lamictal, Phenergan. He was recently started on Lyrica and has not noticed any difference. He is currently at 150mg at night and 5mg during the day and is having some problems with side effects. Lexapro has been discontinued.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: Unchanged.

PHYSICAL EXAMINATION:
Weight: 172 lbs. (+7 lbs.)
Blood Pressure: 135/81. Pulse: 94. Respirations: 16. Temperature: 98.5. SaO2: 100%. Pleasant man in no acute distress. HEENT: Alert and oriented. No somnolence. Lungs: Clear. No increased back or leg pain with Valsalva. Heart: Regular rate and rhythm. Bilateral Upper Extremities: Pain in both shoulders is noted with range of motion. Gait: He is ambulating with crutches. Exam and complaints are otherwise unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
- Improvement in the chronic shoulder pain bilaterally.
- Patient doing very well with a combination of spinal cord stimulation and medication.
- Recently started on Lyrica.

PLAN:
1. Patient will continue to monitor his improvement with Lyrica as the medication can be adjusted further.
2. Refill Methadone 60mg bid.
3. No other refills are necessary, notably Percocet.
4. I can see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Wednesday, January 11, 2006

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 48-year-old gentleman that is back today for his monthly visit. Since his last visit here on December 6, 2005, he has seen Dr. Mandel, a neurologist in the Rockville area. Dr. Mandel had suggested that he be considered for a trial with Lyrica and/or Cymbalta. The patient is going to take this information to Dr. Marturano who is writing most of the other medication. Certainly, I would agree that these are both potentially good choices to address his pain complaints.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain. He is also on Provigil, Lexapro, Detrol, Lithium, Oxytrol, Ambien, Geodon, Imitrex, and Lomotil per Dr. Marturano.

NEW MEDICATION: Phenergan.

REVIEW OF SYSTEMS: Patient is currently being worked up for the chronic nausea and diarrhea.

SOCIAL HISTORY: Unchanged.

PHYSICAL EXAMINATION:
Weight: 165 lbs. (+1 lbs.)
Blood Pressure: 123/75. Pulse: 89. Respirations: 12. Temperature: 98.7. SaO2: 100%. Pleasant man in no acute distress. Exam and complaints are unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
   Patient doing very well with a combination of spinal cord stimulation and medication.
   Recent neurological evaluation with recommendations to be implemented.

PLAN:
1. Refill Methadone 40mg bid.
2. Refill Percocet.
3. I advised him that it is not unusual for him to need the Percocet this time of year, which is not unusual for CRPS patients.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Tuesday, December 6, 2005

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 48-year-old patient that I have been following for a number of years with post traumatic pain as above. He has gone through conservative and interventional treatment including spinal cord stimulation. He is currently reasonably well controlled with Methadone, Percocet, and his spinal cord stimulation. He is on a number of other medications prescribed by Dr. Marturano. Some medication adjustments have been made since his last visit here, with improvement.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet as needed for breakthrough pain. He is also on Provigil, Lexapro, Detrol, Lithium, Oxytrol, Ambien, Geodon, Imitrex, and Lomotil per Dr. Marturano.

REVIEW OF SYSTEMS: He was having some side effects with Zyprexa now resolved since discontinuing that medication.

PHYSICAL EXAMINATION:
Weight: 166 lbs. (+1 lb.)
Blood Pressure: 126/74. Pulse: 98. Respirations: 16. Temperature: 99. SaO2: 100%. Pleasant man in no acute distress. Exam and complaints are unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing very well with a combination of spinal cord stimulation and medication.
7. Improvement noted with medication changes per Dr. Marturano.

PLAN:
Refill Methadone 40mg bid.
Patient is not in need of any additional Percocet at this time.
I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

Apr 12 2006 1:50PM Palmetto Pain Mgmt 803 779 3207 p.3

DATE: Thursday, November 3, 2005

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain/weight gain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 48-year-old gentleman last seen here on October 5, 2005. We are controlling his chronic pain reasonably well with medication. He is also seeing Dr. Marturano, a local psychiatrist, who has taken over his care from Dr. Krebs. A number of medication adjustments have been made and he is possibly experiencing side effects. He reports generalized diaphoresis from time to time, a flushed feeling, and has had a 20-pound weight gain since his last visit here. All other things being equal, this is likely medication related. Since his last visit, we have dropped the Topiramate entirely, again based on Dr. Marturano's suggestion. Since Topiramate is known to cause weight loss, it is possible that this is contributing, although he was on a very low dose at only 100mg qhs.

CURRENT MEDICATIONS: Methadone, Percocet prn breakthrough pain, Zyprexa, Provigil, Lexapro, Detrol, Lithium, Oxytrol, Ambien CR.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: Unchanged.

PHYSICAL EXAMINATION:
Weight: 165 lbs. (+20 lbs.)
Blood Pressure: 152/78. Pulse: 100. Respirations: 14. Temperature: 98.3. SaO2: 100%. Pleasant man in no acute distress. HEENT: Alert and oriented. He is in good spirits. No diaphoresis today. He has a very ruddy appearance in the face. Gait: He continues to ambulate with crutches. No other changes are noted.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing very well with a combination of spinal cord stimulation and medication.
7. Recent weight gain with other complaints per HPI.

PLAN:
1. Patient will contact Dr. Marturano regarding the above.
2. No medication refills are necessary at this time.
3. Continue with the Methadone 40mg bid.
4. I will see him back in approximately one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Wednesday, October 5, 2005

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 48-year-old gentleman that I have followed now for more than 5 years. He had a work-related fall back in 1999, was diagnosed with RSD elsewhere. I saw him for treatment, and he did not respond to conservative care. He eventually came to have spinal cord stimulator, and I think overall his RSD symptoms have been arrested in the left lower extremity. Unfortunately, he also had concurrent radicular syndrome in the right lower extremity. He developed shoulder pain from using crutches for quite some time and we have tried to manage him as best as possible. At one point, he was experiencing significant somnolence with medications. Now medications are much simpler. He has had a problem with weight loss over the past year or so. We have decreased the Topiramate and this has made a difference, and for the first time today, he has had some weight gain.

CURRENT MEDICATIONS: Methadone 40mg bid, Topamax 25mg qd. Lithium, Oxytrol, Detrol, Lexapro, Provigil written by psychiatrist. New medication includes Zyprexa. Discontinued medications include Ambien.

REVIEW OF SYSTEMS: He is now seeing Dr. Jo Marturano, with whom he is very comfortable. Dr. Marturano made some of the above medication adjustments.

PHYSICAL EXAMINATION:
Weight: 145 lbs. (+4 lbs.)
Blood Pressure: 111/67. Pulse: 80. Respirations: 12. Temperature: 99.1. SaO2: 100%. Pleasant man in no acute distress. Bilateral Lower Extremities: He is in a flare up of his leg pain and I explained to him that he is going to have these from time to time with his diagnosis considered. Gait: He ambulates reasonably well over a short distance without crutches, even more swiftly with the crutches but seems to lose energy after a period of time. He also reports increased pain over a period of pain. Integumentary: Skin is warm and dry throughout.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing very well with a combination of spinal cord stimulation and medication.

PLAN:
1. Discontinue Topiramate per Dr. Marturano's recommendations.
2. Continue with Methadone bid.
3. The patient not requiring any other medications at this time from me including short-acting opioids.
4. I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jo Marturano, MD 254-9740
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

Apr 12 2006 1:50PM Palmetto Pain Mgmt. 803 779 3207 P.1

PALMETTO PAIN MANAGEMENT, LLC
PAIN MANAGEMENT & SPINAL DIAGNOSTICS
EZRA B. RIBER, M.D.
2601 Laurel Street Suite 130 Columbia, SC 29204
Office 779-3263 Fax 779-3207

September 20, 2005

To Whom It May Concern:

As stated in my note of June 29, 2005, it is my recommendation that Mr. Polansky be referred to a neurologist for evaluation of the chronic and current problems that he is experiencing. He was seen by Dr. Julian Adams, a local neurologist, more than one year ago. It is my opinion that he would benefit from a more comprehensive neurological evaluation. It has been my experience that Dr. Howard Mandel provides a very thorough evaluation of patients with challenging problems and it would, therefore, be my recommendation that Mr. Polansky be evaluated by Dr. Mandel.

Sincerely,

Ezra B. Riber, MD
Palmetto Pain Management

Sep 29 2005 1:49PM Palmetto Pain 803 779 3207 P.2

DATE: Wednesday, August 24, 2005

PATIENT: Ted Polansky

C F COMPLAINT: Pain in both legs, back pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 48-year-old gentleman that I have been following for more than 5 years following a work-related injury that he had more than 6 years ago. The presenting diagnosis was RSD of the right lower extremity. He was also noted to have radicular pain in the left lower extremity. He failed conservative and interventional treatment. He eventually came to have a spinal cord stimulator placed. He has been doing reasonably well with medication and the stimulation. This year, we have simplified his medication significantly and at this time, I am only writing Methadone and Topamax for him. He is on a number of other medications prescribed by his family physician and psychiatrist.

CURRENT MEDICATIONS: Methadone, Topamax, Lithium, Oxytrol, Detrol, Ambien.

REVIEW OF SYSTEMS: Continues with weight loss, continues with diarrhea (intermittent). He reports continued flare ups of pain in the left leg in a cooler environment.

SOCIAL HISTORY: He just recently moved and the move went well.

PHYSICAL EXAMINATION:
Weight: 141 lbs. (This is 4 lbs. less than on his last visit one month ago.)
Blood Pressure: 115/73. Pulse: 92. Respirations: 12. Temperature: 98.2. SaO2: 100%. Pleasant man in no acute distress.
HEENT: Alert and oriented. Good historian. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Well-healed incisional site in the back. Gait: He continues to ambulate with crutches. Exam and complaints are otherwise unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
   Patient doing very well with a combination of spinal cord stimulation and medication.
7. Continued weight loss.

PLAN:
1. Topiramate to 25mg qd.
2. We can increase this to 50mg if the 25mg is subtherapeutic.
3. I am going to refill his Methadone 40mg, #60.
4. He is has essentially stopped taking any breakthrough pain medication. I have not written any Percocet for him for almost 9 months.
5. He will follow-up with his family physician regarding his ongoing weight loss and GI symptoms.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Kevin W. Krebs, MD 779-2022
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Wednesday, July 27, 2005

PATIENT: Ted Polanski

CHIEF COMPLAINT: "I'm doing better"

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polanski is back today for follow-up. He is a 48-year-old gentleman initially seen with RSD in the left lower extremity following a work-related injury almost 6 years ago. He developed radicular syndromes in the right, developed shoulder pain due to the long-term use of crutches, and eventually came to have a spinal cord stimulator placed for the back and leg pain. He has seen orthopedics for the shoulders and actually is better. He has been reasonably well controlled with medication and the stimulator in combination. Over the past year or so we have successfully tapered his medication quite a bit and he continues to do reasonably well. The patient reports that with the extreme heat lately and the more air conditioned environments that he is in, the left leg is bothering him noticeably more.

CURRENT MEDICATIONS: Methadone 20mg bid, Percocet only occasionally for breakthrough pain, Topamax 100mg qhs. Lithium, Oxytrol, Detrol, Ambien per Dr. Krebs.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: Unchanged.

PHYSICAL EXAMINATION:
Weight: 145 lbs. (-1 lbs. since his last visit. He expressed concern over his continued weight loss and I explained to him that I would consider that he has leveled off. The one pound could be the difference in the clothes that he is wearing in the warmer weather.)
Blood Pressure: 119/80. Pulse: 82. Respirations: 14. SaO2: 100%.
HEENT: Alert and oriented. Good historian. Two sites on the nose and temporal region reveal recent biopsies per Dr. Jaffe. The patient says that he was told that these were malignancies. Lungs: Clear. Heart: Regular rate and rhythm. Bilateral Upper Extremities: No atrophic or dystrophic changes are noted in the upper extremities. Gait: He is ambulating with crutches and seems to be doing reasonably well overall with his pain and functioning.

IMPRESSION:
Status post-work-related injury, October 19, 1999.
RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing very well with a combination of spinal cord stimulation and medication.

PLAN:
1. Continue Topiramate 100mg qhs.
2. Continue Methadone 20mg bid.
3. See him back in one month or sooner if necessary.
4. Have advised him that he is going to have remissions and flare ups with the sympathetically mediated pain in the lower extremity.

Ezra B. Riber, MD

cc: Kevin W. Krebs, MD 779-2022
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Wednesday, June 29, 2005 PATIENT: Theodore Polanski

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polanski is back today for follow-up. I last saw him on May 18, 2005. On that date, we reduced the Topiramate from 400mg to 200mg. He continues to notice efficacy but also continued weight loss which we were hoping would abate. I discussed with him today further reduction of the Topiramate to 100mg qd. Approximately 10 months ago, he was referred to neurological evaluation and seen by Dr. Julian Adams. The patient did not feel that he received an objective evaluation and reading the notes that have been made available to me, I would have to agree. I cannot tell from the evaluation from which office the referral was made as the neurologist apparently did not send copies. If the same physician that recommended the neurological evaluation feels that one is still indicated, I would recommend Dr. Howard Mandel in Rock Hill. He has provided very thorough evaluations of challenging patients.

CURRENT MEDICATIONS: Methadone, Topiramate, Percocet prescribed by me. He is on Lithium, Oxytrol, Detrol, Ambien, Risperdal per Dr. Krebs.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: Unchanged.

PHYSICAL EXAMINATION:
Weight: 146 lbs. (-6 lbs.)
Blood Pressure: 114/68. Pulse: 80. Respirations: 12. Temperature: 97.6. SaO2: 100%. Pleasant man no acute distress. He is very clear and oriented today and remembered all the medications and doses; different from his mental status last year.
Lungs: Clear. Heart: Regular rate and rhythm. Exam and complaints are otherwise unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing very well with a combination of spinal cord stimulation and medication.
7. Ongoing complaints of numbness and tingling with previous neurological evaluation.

PLAN:
1. Topiramate decreased to 100mg qd.
2. Continue with Methadone 20mg bid.
3. Patient has not required any Percocet for breakthrough pain for some months now and this is certainly a sign of improvement.
4. I will see him back in one month or sooner.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Kevin W. Krebs, MD 779-2022
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Wednesday, May 18, 2005

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain, pain in both shoulders, numbness and tingling in both hands and feet

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow up. He is a now 48-year-old gentleman that I have been following for a number of years with post traumatic RSD in the left lower extremity and radicular syndrome in the right lower extremity. He subsequently developed bilateral shoulder pain from long-term use of crutches and also has had long standing numbness and tingling in the hands and feet, which he reminded me of today. He was seen by Dr. Julian Adams, a local neurologist, perhaps 6 months ago. According to the patient and his significant other who accompanied him today at the appointment, Dr. Adams dismissed him almost immediately upon hearing that he was on Methadone. For the record, all things considered, Mr. Polansky is on very reasonable medications considering his chronic, intractable, untreatable pain. The Methadone is quite effective for him as an analgesic without side effects that he was experiencing with some of the other medications.

CURRENT MEDICATIONS: Methadone 40mg bid, Topamax 400mg qhs, Percocet occasionally for breakthrough pain.

REVIEW OF SYSTEMS: As per HPI. Patient continues to have modest weight loss. He is now down to 152 lbs. He was in the 140s in high school.

PHYSICAL EXAMINATION:
Weight: 152 lbs.
Blood Pressure: 106/71. Pulse: 72. Respirations: 12. Temperature: 98. SaO2: 99%. Pleasant man in no acute distress. Lungs: Clear. Heart: Regular rate and rhythm. Bilateral Upper Extremities: Skin is warm and dry. Bilateral Lower Extremities: Skin is warm and dry. Gait: Continues to ambulate on crutches. Otherwise, Exam and complaints are unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
   Patient doing very well with a combination of spinal cord stimulation and medication.
6. Ongoing complaints of numbness and tingling with previous neurological evaluation.

PLAN:
1. The patient and his significant other asked if I could support a re-evaluation for his numbness and tingling in the hands and feet.
2. I explained to them that in all likelihood, this is a neuropathic pain process and the only treatment is usually some type of medication. However, if they feel that they were dismissed without a proper evaluation, and I do not have the notes from Dr. Adams to read, and if a referring physician felt that neurological evaluation was indicated, then certainly I would recommend a one-time re-evaluation in a different office. I have some recommendations that I can make myself if anyone would like to know.
3. Continue with Methadone and Percocet.
4. We spent much time discussing breakthrough pain. The patient does have breakthrough pain and that is why he has breakthrough pain medication. He understands that he is always going to have good and bad days.
5. I am going to see if he does just as well with Topamax at 200mg as he does with 400mg. This may result in a leveling off of the weight loss that he is having.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Kevin K. Nahigian, MD 534-7636
Kevin W. Krebs, MD 779-2022
Meeling Khour-Gould, Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Wednesday, May 18, 2005

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain, pain in both shoulders, numbness and tingling in both hands and feet

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow up. He is a now 48-year-old gentleman that I have been following for a number of years with post traumatic RSD in the left lower extremity and radicular syndrome in the right lower extremity. He subsequently developed bilateral shoulder pain from long-term use of crutches and also has had long standing numbness and tingling in the hands and feet, which he reminded me of today. He was seen by Dr. Julian Adams, a local neurologist, perhaps 6 months ago. According to the patient and his significant other who accompanied him today at the appointment, Dr. Adams dismissed him almost immediately upon hearing that he was on Methadone. For the record, all things considered, Mr. Polansky is on very reasonable medications considering his chronic, intractable, untreatable pain. The Methadone is quite effective for him as an analgesic without side effects that he was experiencing with some of the other medications.

CURRENT MEDICATIONS: Methadone 40mg bid, Topamax 400mg qhs, Percocet occasionally for breakthrough pain.

REVIEW OF SYSTEMS: As per HPI. Patient continues to have modest weight loss. He is now down to 152 lbs. He was in the 140s in high school.

PHYSICAL EXAMINATION:
Weight: 152 lbs.
Blood Pressure: 106/71. Pulse: 72. Respirations: 12. Temperature: 98. SaO2: 99%. Pleasant man in no acute distress. Lungs: Clear. Heart: Regular rate and rhythm. Bilateral Upper Extremities: Skin is warm and dry. Bilateral Lower Extremities: Skin is warm and dry. Gait: Continues to ambulate on crutches. Otherwise, Exam and complaints are unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
   Improvement in the chronic shoulder pain bilaterally.
   Patient doing very well with a combination of spinal cord stimulation and medication.
7. Ongoing complaints of numbness and tingling with previous neurological evaluation.

PLAN:
1. The patient and his significant other asked if I could support a re-evaluation for his numbness and tingling in the hands and feet.
2. I explained to them that in all likelihood, this is a neuropathic pain process and the only treatment is usually some type of medication. However, if they feel that they were dismissed without a proper evaluation, and I do not have the notes from Dr. Adams to read, and if a referring physician felt that neurological evaluation was indicated, then certainly I would recommend a one-time re-evaluation in a different office. I have some recommendations that I can make myself if anyone would like to know.
3. Continue with Methadone and Percocet.
4. We spent much time discussing breakthrough pain. The patient does have breakthrough pain and that is why he has breakthrough pain medication. He understands that he is always going to have good and bad days.
5. I am going to see if he does just as well with Topamax at 200mg as he does with 400mg. This may result in a leveling off of the weight loss that he is having.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Kevin K. Nahigian, MD 534-7636
Kevin W. Krebs, MD 779-2022
Fi-Fi H. Jubran, Case Manager 699-1920

DICTATED BUT NOT READ

DATE: Wednesday, April 13, 2005

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is doing reasonably well. We have simplified his medications over the past year to the point where he is only on Methadone and Topamax. We attempted to wean him off the Topamax as well but he did find that there was an increase in symptoms which improved once he was restarted on the medication. He takes Percocet for breakthrough pain but may go days or even weeks without using any.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet occasionally for breakthrough pain, Topamax 400mg qhs, Celexa, Lithium, Provigil, Risperdal, Imitrex, Detrol, Lomotil per Dr. Krebs.

REVIEW OF SYSTEMS: The patient has an appointment with a gastroenterologist today. He sees Dr. Krebs on a regular basis. He is having problems with repetitive rocking motion at night, which Dr. Krebs felt might be due to one of the medications that he is on. However, as far as I can tell, no medication adjustments were recommended.

PHYSICAL EXAMINATION:
Weight: 155 lbs. (-2 lbs. He has now electively lost 50 lbs. in the past 16 months.)
Blood Pressure: 113/69. Pulse: 8/5. Respirations: 10. Temperature: 98.1. SaO2: 100%. Pleasant man in no acute distress. HEENT: Alert and oriented. There is no somnolence. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: Well-healed incisional sites in the low back. Bilateral Upper Extremities: Range of motion of both shoulders is reasonably full. Gait: Antalgic. He continues to ambulate with crutches. Integumentary: Skin is cool and dry throughout.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Improvement in the chronic shoulder pain bilaterally.
6. Patient doing very well with a combination of spinal cord stimulation and medication.
7. Report of repetitive motor activity in the evenings, possibly due to some of the medication that is being prescribed by Dr. Krebs (per patient).

PLAN:
1. At this point, the patient is at MMI from a interventional pain management standpoint.
2. I recommend that he be continued on Methadone indefinitely.
3. I would recommend that he be continued on the Percocet indefinitely prn for breakthrough pain.
4. I recommend that he be continued on the Topamax 400mg qhs indefinitely, keeping an eye on his weight.
5. I would recommend that Dr. Krebs consider medication adjustments in an effort to address the repetitive motor activity that he is having at night.
6. I will plan to continue to write his medications for him until I am told that someone else will be writing those medications which will be perfectly fine with me.
7. Until such time, I will need to see him on a regular basis to monitor these medications and potential drug interactions.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Kevin K. Nahigian, MD 534-7636
Kevin W. Krebs, MD 779-2022
Workman's Comp Case Manager?

DICTATED BUT NOT READ

DATE: Monday, March 14, 2005

PATIENT: Ted Polansky

CHIEF COMPLAINT: Pain in both legs, shoulder, and back pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. I saw him approximately one month ago. We have successfully tapered him off a number of medications. However, when we began tapering the Topamax, he did notice increased pain. This was equivocal at first but we did the trial twice and apparently, the Topamax is very helpful. He is complaining of loss of appetite but this is the first time in a number of months that he has actually gained some weight and continues to have some discomfort with the shoulders which flare up depending on his activity.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet prn breakthrough pain. He is taking far fewer of these. Topamax 400mg qhs. Dr. Krebs is writing Celexa, Lithium, Provigil, Risperdal, Imitrex, Detrol, and Lomotil.

REVIEW OF SYSTEMS: Continues to have diarrhea. He has been worked up by his family physician, Dr. Deschamps. Apparently stool samples were taken and results are pending. He also had improvement in the shoulder that was injected by Dr. Nahigian (the right) and the left shoulder is better as well.

PHYSICAL EXAMINATION:
Weight: 157 lbs. (+2 lbs.)
BP: 104/56. Pulse: 87. Respirations: 10. Temperature: 98.8. SaO2: 99%. Pleasant man in no acute distress. He is in good spirits.
HEENT: Awake and alert. No somnolence. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: The back and leg exam is unchanged. Bilateral Upper Extremities: Range of motion of both shoulder is limited with internal and external rotation. Gait: He is still ambulating with crutches.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
   Right meralgia paresthetica.
4. Improvement in the chronic shoulder pain bilaterally.
6. Tapering off Topamax revealed that there is benefit from him taking the medication.

PLAN:
1. Continue with Methadone.
2. Continue with Percocet prn breakthrough pain.
3. Restart Topamax at 400mg qhs.
4. The patient will follow-up with Drs. Krebs and Deschamps for the other problems that are concerning him right now including the chronic diarrhea, decreased appetite.
5. The patient will follow-up with Dr. Nahigian if necessary if his shoulder pain returns.
6. I did renew his handicap parking sticker for an additional 4 years. I do not expect his situation to change much in that regard at this point in time.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Kevin K. Nahigian, MD 534-7636
Kevin W. Krebs, MD 779-2022
Mee-Ling Khor-Gould Workman's Comp Case Manager 612-2734

DICTATED BUT NOT READ

DATE: Wednesday, February 16, 2005

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain, shoulder pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. Since his last visit, we have successfully tapered him off the Bextra. He remains off Skelaxin and we are targeting the Topamax now to continue simplifying his medications. He was seen by Dr. Nahigian within the past week and injection was carried out in the right shoulder. This is beginning to show some improvement.

CURRENT MEDICATIONS: Methadone 40mg bid, Percocet prn breakthrough pain, Topamax 400mg qhs. Per Dr. Krebs: Celexa, Lithium, Provigil, Risperdal, Imitrex, Detrol, Lomotil.

REVIEW OF SYSTEMS: As per HPI.

PHYSICAL EXAMINATION:
Weight: 155 lbs. (This is 5 lbs. lighter than his last visit.)
BP: 115/75. Pulse: 67. Respirations: 12. Temperature: 98.4. SaO2: 100%. Pleasant man in no acute distress. He is in very good spirits.
HEENT: Alert and oriented. No evidence of somnolence. Cervical Spine: No discomfort with range of motion of the cervical spine. Lungs: Clear. Heart: Regular rate and rhythm. Bilateral Upper Extremities: He seems to have some improvement in the right shoulder range of motion. The left shoulder remains better. Gait: He continues to ambulate with crutches.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Development of shoulder pain with long-term use of crutches.
6. Improvement seen in both shoulders with Dr. Nahigian's treatment.

PLAN:
1. We will begin tapering Topamax 100mg every week.
2. 100mg capsules were prescribed so he can begin taking 300mg per night this week, 200mg next week, and then hopefully we can taper him off completely.
3. Refill Methadone today 40mg bid.
4. No other prescriptions required at this time.
5. The patient will call and let me know how he is doing with tapering off of the Topamax.

ADDENDUM: I just received the note from Dr. Nahigian and he had performed a right glenohumeral joint injection to address the capsulitis symptoms. As a last resort, an arthroscopy would be a possible therapeutic option.

Ezra B. Riber, MD

cc: Kevin K. Nahigian, MD 534-7636
Kevin W. Krebs, MD 779-2022

DICTATED BUT NOT READ

DATE: Monday, January 17, 2005

IENT: Theodore Polansky

CHIEF COMPLAINT: Back, leg pain, shoulder pain

FOLLOW-UP CONSULTATION

ISTORY: Mr. Polansky is back today for follow-up and for his monthly visit. I last saw him on December 15, 2004. He is a 47-year-old gentleman that we have been following with problems that developed following a work-related injury on October 19, 1999. He developed RSD in the left lower extremity, failed to respond to conservative treatment. He also developed radicular syndrome in the right lower extremity. Spinal cord stimulator has been placed and revised. He has had orthopedic evaluation of the shoulders for pain that developed with walking on crutches for years. On the last visit here, I discussed with him discontinuing the Bextra and then restarting it. He is still not clear as to whether there is a difference or not with him being on or off the medication. He goes to physical therapy sporadically and I think we need to emphasize his home exercise independence and stop the physical therapy at this point. Dr. Nahigian has helped the left shoulder with an injection, but he still has pain on the right side and I mentioned a follow-up visit there. This has not been arranged as of yet. On a good note, he did taper himself off Skelaxin and has not noticed any difference and so apparently, he does not need to be on that medication. I am hopeful that we may find the same with the Topamax and the Bextra and simplify his life a little bit. The patient is reporting recurrence of migraine headaches that he has had previously. Dr. Krebs is writing medication for this.

CURRENT MEDICATIONS: Methadone, Percocet, Topamax, Bextra. Per other physicians, Celexa, Lithium, Provigil, Risperdal, Imitrex, Detrol, Lomotil.

REVIEW OF SYSTEMS: The patient has had diarrhea on and off for 3 weeks, but has not seen his family doctor but did speak with him over the phone. Lomotil was prescribed.

SOCIAL HISTORY: Unchanged.

PHYSICAL EXAMINATION:
Weight: 161 lbs.
Blood Pressure: 100/65. Pulse: 69. Respirations: 14. Temperature: 97.8. SaO2: 99%. Pleasant man in no acute distress accompanied by his significant other (Gail). She has not been present for the past few visits and she certainly is a help in implementing our suggestions.
EENT: Alert and oriented. No somnolence. Lungs: Clear. Heart: Regular rate and rhythm. Exam of the shoulders, back and wer extremities unchanged.

IMPRESSION:
1. Status post-work-related injury, October 19, 1999.
2. RSD, left lower extremity.
3. Radicular syndrome, right lower extremity.
4. Right meralgia paresthetica.
5. Development of shoulder pain with long-term use of crutches.
6. Left shoulder, improved.
7. Residual right shoulder discomfort.

PLAN:
1. Again, I would recommend to Workman's Comp that we have a follow-up appointment with Dr. Nahigian to evaluate his right shoulder.
2. Once again, we are going to have a trial with the Bextra. I want him to be off of it for at least a week and then restart it. He needs to tell me if there is a clear difference being on it or off it.
3. Continue off Skelaxin.
4. Follow-up with family physician for the protracted diarrhea.
5. I have refilled the Topamax for him today. After we have answered the question on the Bextra, I would plan to target the Topamax next to see if he needs to be on it and we will do a slow tapering.
6. Regarding physical therapy, I think at this point we should discontinue it. With respect to back and lower extremity pain, I do not see that there would be any further benefit. However, if Dr. Nahigian feels that therapy of some kind would help his shoulder, I would certainly defer to him on that.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

ra B. Riber, MD

cc: Kevin K. Nahigian, MD 534-7636
Kevin W. Krebs, MD 779-2022

DICTATED BUT NOT READ

DATE: Wednesday, December 15, 2004 PATIENT: Ted Polansky

F COMPLAINT: Right shoulder pain, pain in both legs

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. This is a scheduled monthly follow-up visit. He was last seen on November 17, 2004. For the first time that I can remember, he is reporting some pain relief in the shoulders. He reports that the left shoulder is noticeably improved while there is minimal improvement on the right side. He is not sure as to why he is better. Two months ago, we discontinued the Bextra. He has been treated by Dr. Nahigian with injections in the shoulder. I did these as well with no improvement. Dr. Nahigian's injections followed mine and perhaps these were more efficacious. Also, he has had physical therapy and this may be contributing to the improvement as well. Dr. Nahigian also arranged for him to have new type of crutches and this may have further reduced his shoulder discomfort.

I do not have the note from his visit with Dr. Nahigian from only yesterday, but according to the patient, Dr. Nahigian wondered about restarting the Bextra. He also discussed with the patient possible arthroscopy of the right shoulder, but both the patient and doctor expressed concern about his diagnosis of RSD in the lower extremity.

CURRENT MEDICATIONS: Methadone 40mg twice a day. Skelaxin being tapered. He is still on it perhaps once or twice a day. Percocet prn breakthrough pain, Topamax. He is also on Celexa, Serzone, Lithium, Provigil, Risperdal, Imitrex per Dr. Krebs.

REVIEW OF SYSTEMS: The patient reports that he has had some difficulty swallowing the entire tablet of Methadone. I told him that he can break these in half and swallow them. He is also having some trouble with diarrhea that responded to medication in the past previously controlled with Lomotil. He was seen by Steve Gruman from Medtronic since his last visit here and minor adjustments were made with improvement in the stimulation coverage.

PHYSICAL EXAMINATION:
Weight: 158 lbs. (-4 lbs. since his last visit. More than 50 lbs. less than his weight from January 12, 2004.)
Blood Pressure: 116/79. Pulse: 83. Respirations: 12. Temperature: 97.8. SaO2: 100%. Pleasant man in no acute distress.
H NT: Alert and oriented. No evidence of somnolence today. Lungs: Clear. Heart: Regular rate and rhythm. Lumbar Spine: I onal sites for spinal cord simulation well healed and intact. Bilateral Upper Extremities: He has limited range of motion of t shoulders, (right > left), with both internal and external rotation. Bilateral Lower Extremities: Exam unchanged and consistent also with a right meralgia paresthetica.

IMPRESSION:
1. Status post-work-related fall and lower extremity injury, remote.
2. RSD, left lower extremity.
3. Radicular pain, right lower extremity.
4. Right meralgia paresthetica.
5. Dramatic improvement in the left shoulder with minimal improvement of the right shoulder with conservative treatment.

PLAN:
1. I am going to restart his Bextra for one week. If there is no improvement, he does not need to stay on it.
2. Continue tapering the Skelaxin and I expect him to be off of this by his next visit.
3. I would like him to visit with Dr. Nahigian one more time and discuss the left shoulder improvement and the residual right shoulder pain. Perhaps a repeat injection in the right shoulder would be helpful.
4. He has had PT for quite some time now and he is probably close to if not at maximal improvement from therapy.
5. Patient instructed not to use the Percocet for his shoulder pain specifically. I explained to him that the Methadone would not distinguish between his leg pain or shoulder pain or any other discomfort that he has for that matter and that Percocet is for breakthrough pain.
6. Continue with Topamax and monitor his weight loss. I believe he is very close to a good weight for himself at 158 pounds.
7. From a pain management standpoint, the patient is certainly very close to MMI. As far as the shoulder is concerned, I would defer to Dr. Nahigian's opinion on whether anything can be done to improve the symptoms.
8. I will plan to see the patient back in approximately one month or sooner if necessary.
9. I have written prescriptions today for the Methadone, Percocet, Bextra, Lomotil, and Topamax.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

B. Riber, MD

cc: Kevin K. Nahigian, MD 534-7636
Kevin W. Krebs, MD 803-779-2022

DICTATED BUT NOT READ

Jan 10 2005 12:45PM Palmetto Pain Mgmt 803 779 3207 p.4

DATE: Wednesday, November 17, 2004

PATIENT: Ted Polansky

CHIEF COMPLAINT: Leg pain and shoulder pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He has a new complaint of pain in the left leg that began several weeks ago with no known inciting event. This is the lower extremity that has been treated for RSD in the past. Pain seems to radiate mostly from the knee into the foot and seems more in a femoral distribution. He has no pain proximal to the knee. Otherwise his shoulders are still bothering him although he is maintaining a steady state with physical therapy.

CURRENT MEDICATIONS: Methadone 40mg bid, Skelaxin 800mg tid, Percocet 1-2 times per day at most, Topamax 400mg at night. Medications per Dr. Krebs, Celexa, Serzone, Lithium, Provigil, Risperdal, Imitrex, and Ambien only as needed. Dr. Beasley has written Oxyprol for the patient's incontinence, which is working well.

REVIEW OF SYSTEMS: He has been successfully tapered off of Bextra and the patient reports that his significant other has noticed improvement in his moods.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 162 lbs. (-3 lbs. This is a 10-pound weight loss since June 2004.)
Blood Pressure: 101/63. Pulse: 63. Respirations: 12. Temperature: 97.7. SaO2: 100%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian. No somnolence. Lungs: Clear. Pain does not change with Valsalva. Heart: Regular rate and rhythm. Lumbar Spine: Well-healed incisional scars in the low back. There is some symmetrical weakness of the hip flexors and of ankle dorsiflexion bilaterally. Bilateral Upper Extremities: Range of motion of both shoulders is limited, particularly on the right. There are no dystrophic changes noted. Gait: He ambulates with crutches.

IMPRESSION:
1. Status post-work-related fall and lower extremity injury, remote.
2. RSD, left lower extremity.
3. Radicular pain, right lower extremity.
4. Right meralgia paresthetica.
5. Bilateral shoulder pain from long-term ambulation with crutches.

PLAN:
1. Begin tapering off of Skelaxin. He was instructions on dosing and side effects.
2. Continue with Methadone and Percocet prn breakthrough pain.
3. Continue with Topamax.
4. I am going to arrange for Steve Gruman from Medtronic to meet him here to adjust the spinal cord stimulator and see if the new breakthrough pain in the left lower extremity can be addressed.

Ezra B. Riber, MD

cc: Kevin K. Nahigian, MD 534-7636
Kevin W. Krebs, MD phone- 779-2002

DICTATED BUT NOT READ

DATE: Wednesday, October 20, 2004

PATIENT: Ted Polansky

CHIEF COMPLAINT: Pain in both shoulders, back, and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polanski is back today for follow-up. He is a 47-year-old gentleman here for his monthly visit. We are making changes to his medications favorably, simplifying his situation. He is now taking less Percocet along with the Methadone and having reasonably good pain relief. I am hopeful that we can discontinue the Bextra and not see any increase in symptoms. I have discussed with him discontinuing the Skelaxin as well.

CURRENT MEDICATIONS: Methadone 40mg bid, Skelaxin 800mg tid, Percocet 1-2 times per day at most, Topamax 400mg at night. Medications per Dr. Krebs, Celexa, Serzone, Lithium, Provigil, Risperdal, Imitrex, and Ambien only as needed. Dr. Beasley has written Oxyprol for the patient's incontinence, which is working well.

REVIEW OF SYSTEMS: The patient was seen by Dr. Nahigian recently and according to the patient, Dr. Nahigian is considering a cervical spine etiology for his shoulder pain. The patient reports feeling cold most of the time even in the summer.

SOCIAL HISTORY: Unchanged.

PHYSICAL EXAMINATION:
Weight: 165 lbs.
Blood Pressure: 88/54. Pulse: 72. Respirations: 14. Temperature: 98.5. SaO2: 99%. Pleasant man in no acute distress. HEENT: Alert and oriented. Good historian today. No somnolence. Cervical Spine: Range of motion reasonably full. Symmetrical contour of the shoulders. No winging of the scapulae. Lumbar Spine: Well-healed incisional scars in the low back. Gait: He is still ambulating on crutches. Integumentary: Skin is cool and dry throughout.

IMPRESSION:
1. Status post-work-related fall and lower extremity injury, remote.
2. RSD, left lower extremity.
3. Radicular pain, right lower extremity.
4. Right meralgia paresthetica.
5. Bilateral shoulder pain from long-term ambulation with crutches.

PLAN:
1. Discontinue Bextra.
2. Continue with Methadone 40mg bid and Percocet as needed.
3. I told him that it was encouraging that he needs one and perhaps two at the most Percocet per day at this point.
4. The patient will follow-up with Dr. Krebs and Dr. Dechamp and will discuss the general cold feeling that he has with them as well.
5. We will await any work up that develops from Dr. Nahigian's office regarding the cervical spine.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Kevin K. Nahigian, MD 534-7636
Kevin W. Krebs, MD phone- 779-2002

DICTATED BUT NOT READ

DATE: Monday, September 20, 2004

PATIENT: Ted Polansky

C[illegible] COMPLAINT: Back and leg pain/pain in both shoulders

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 47-year-old gentleman here today for a routine follow-up. His last visit was August 9, 2004. I have been following him for more than 3 years following a work-related injury more than 4 years ago. Most recently, he has been complaining of shoulder pain and has seen Dr. Kevin Nahigian, a local orthopedic surgeon. Unfortunately, there may not be much that can be done with the shoulders from an orthopedic standpoint and we can only hope that the coverage that he has in the back and leg with the pain medication extends to the shoulders as well. Today he is doing perhaps the best that he has done in the past 2 years with respect to pain control. On his last visit, I started him on Methadone 40mg twice a day. Remarkably, the breakthrough medication is now being used only once per day (down from 4). He is awake, alert, sleeping well, and his activity is the best level that it has been. In addition, he continues to lose weight and now is down to 165 pounds. This is 40 pounds less than he was earlier this year (January). The patient also reports that he has found a family physician, Dr. Edgar Deschamps.

CURRENT MEDICATIONS: Methadone 40mg bid, Skelaxin 800mg three times a day, Bextra 20mg once a day, Topamax 400mg at night, Percocet currently at one per day.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: As per HPI.

PHYSICAL EXAMINATION:
Weight: 165 lbs.
Blood Pressure: 99/63. Pulse: 60. Respirations: 14. Temperature: 97.4. SaO2: 99%. Pleasant man in no acute distress accompanied by a significant other. HEENT: He is awake, alert with no evidence of somnolence. Lungs: Clear. Pain does not change with Valsalva. Heart: Regular rate and rhythm. Abdomen: Some tenderness over the left flank incisional site where the pulsed generator for the spinal cord stimulator is. Gait: He continues to ambulate on crutches. Integumentary: Skin is warm and dry throughout.

I[illegible]ESSION:
1. [illegible]tatus post-remote work-related fall and leg injury.
2. RSD, left lower extremity.
3. Radicular pain, right lower extremity.
4. Right meralgia paresthetica.
5. Bilateral shoulder pain from long-term ambulation with crutches.
6. Recent orthopedic evaluation with Dr. Nahigian with work up and treatment ongoing.
7. Noticeable improvement with Methadone.

PLAN:
1. I instructed the patient on taking the Methadone, which he is currently dissolving in his mouth.
2. He can either dissolve this in liquid, or swallow it whole.
3. I am going to refill all his medications and I am prescribing less Percocet for him as his requirements are significantly lower.
4. If he continues to do well, on the next visit, I will consider tapering off completely the Bextra and on subsequent visits, the Skelaxin.
5. He understands that we would do this to simplify his situation.
6. We will also keep an eye on his weight loss as I don't believe he needs to go much below 160 pounds if at all. At that point, we may adjust the Topamax or perhaps discontinue it as well.
7. For each of the above medications that we are considering adjusting, we would monitor him for return of his pain.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

c[illegible]eannie Beard, RN, CM 345-6627
[illegible]evin K. Nahigian, MD 534-7636
New counseling MD?

DICTATED BUT NOT READ

803 779 3207 palmetto Pain Mgmt DEC 12 2004 1:48PM P.4

DATE: Monday, August 9, 2004

PATIENT: Ted Polansky

CHIEF COMPLAINT: Pain in both shoulders

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a now 47-year-old gentleman that I have been following for several years with RSD in the left lower extremity and a radicular pain in the right lower extremity. He failed all conservative treatment and had spinal cord stimulator trial and permanent implantation. This has produced some relief. However, he never improved enough to stop using crutches for ambulation and then began developing bilateral shoulder pain. I have tried a simple injection in each shoulder without improvement and a referral was made to Dr. Kevin K. Nahigian who evaluated Mr. Polansky on June 25, 2004. Dr. Nahigian injected both subacromial spaces, but unfortunately, patient has had no residual improvement. The patient is wondering what else can be done. Dr. Nahigian did arrange for him to have different crutches to alleviate some of the axillary irritation and a follow-up appointment is planned. Mr. Polansky asked me once again about the shoulders and I don't know of anything else to offer him in that regard and I don't think it is unusual that he developed the problem after several years on crutches on a daily basis. The patient's significant other then reminded me that the patient has shoulder arthrograms scheduled and perhaps this will shed some light on a correctible problem.

CURRENT MEDICATIONS: Skelaxin, Bextra, Topamax, Avinza, and Percocet.

REVIEW OF SYSTEMS: As per HPI.

SOCIAL HISTORY: Patient trying to ambulate more and more without the crutches and tries to remain active.

PHYSICAL EXAMINATION:
Weight: 169 lbs. (-3 lbs.)
Blood Pressure: 84/56. Pulse: 83. Respirations: 18. Temperature: 99. SaO2: 97%. HEENT: Perhaps just a touch of somnolence today. Otherwise alert when spoken to. History given today by both patient and significant other. Exam and complaints are otherwise unchanged.

IMPRESSION:
1. Status post-remote work-related fall and leg injury.
2. RSD, left lower extremity.
3. Radicular pain, right lower extremity.
4. Right meralgia paresthetica.
5. Bilateral shoulder pain from long-term ambulation with crutches.
6. Recent orthopedic evaluation with Dr. Nahigian with work up and treatment ongoing.

PLAN:
1. Continue with Skelaxin, Bextra, Topamax and Percocet.
2. Discontinue Avinza as he doesn't seem to be having much benefit from this.
3. Trial with Methadone beginning at 40mg bid. Patient will call on a daily basis if necessary until we have him titrated correctly.
4. I indicated to him that with the multiple site discomfort that he has, the best we can expect aside from occasional targeted treatment such as that which he is undergoing with Dr. Nahigian, medications are most likely to keep him comfortable if we can just find the most efficacious combination. I am hoping to hear good news back from him on the Methadone.
5. I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling and coordination of care.

Ezra B. Riber, MD

cc: Jeannie Beard, RN, CM 345-6627
Kevin K. Nahigian, MD 534-7636
New counseling MD?

DICTATED BUT NOT READ

DATE: Monday, June 21, 2004

PATIENT: Ted Polansky

CHIEF COMPLAINT: Pain in both shoulders

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. It is time for his mediation refills. I was hoping that he would have already seen the orthopedic surgeon for evaluation of his shoulder pain. This has developed over the years that he has been using crutches to ambulate. The pain is so severe at this point, that it overshadows the discomfort that we originally saw him for, which is RSD in the left lower extremity and radicular pain on the right side. On the last visit, we made a recommendation that the patient see Dr. James McHone, who is an expert in shoulder evaluation and treatment. It was arranged for him to see Dr. Kevin Nahigian, who is excellent as well. The patient understands that these referrals were made by the carrier and that is fine. I am just glad that he is being looked at and his appointment is tomorrow, June 22, 2004.

CURRENT MEDICATIONS: Skelaxin, Bextra, Topamax, Avinza, and Percocet prn breakthrough pain.

REVIEW OF SYSTEMS: As per HPI.

PHYSICAL EXAMINATION:
Weight: 172 lbs. (+1 since the last visit).
BP: 109/72. Pulse: 59. Temperature: 98.3. SaO2: 100%. Pleasant man in no acute distress.
Physical exam and complaints are unchanged.

IMPRESSION:
1. Bilateral shoulder pain.
2. Patient ambulating on crutches for 4 years.
3. RSD left lower extremity.
4. Radicular pain right lower extremity.
5. Lower extremity discomfort reasonably well controlled with medications and spinal cord stimulation.

PLAN:
1. I will see him back as soon as he has seen Dr. Nahigian.
2. We will make sure we have the note with the recommendations.
3. Hopefully, Dr. Nahigian will be able to offer him some adjustment in ambulatory aids and/or treatment.
4. Refill Skelaxin, Bextra, Topiramate, Avinza, and Percocet for an additional one-month supply.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling.

Ezra B. Riber, MD

cc: Jeannie Beard, RN, CM 345-6627
Frank Forstboefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Wednesday, May 19, 2004

PATIENT: Ted Polansky

CHIEF COMPLAINT: Pain in both shoulders.

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. I last saw him on May 11, 2004. We carried out subacromial injections to both shoulders. He is unimproved. This gentleman has been ambulating with crutches for more than 4 years. I am concerned now that perhaps there is some internal derangement of the shoulders. Certainly, he has some limitation of movement in a capsular pattern. It may be more than a simple bursitis. I am going to recommend that he be evaluated by a shoulder expert, and I am going to have him see Dr. James S. McHone who is also in the patient's neighborhood. They have also asked me about a family physician, and I am going to refer him to Dr. Millus. They are going to schedule that on their own.

CURRENT MEDICATIONS: Skelaxin, Avinza, Bextra, Topiramate, and Percocet.

REVIEW OF SYSTEMS: As per HPI. The patient is reporting some increased pain in the left knee. I explained to him that reflex sympathetic dystrophy can flare up from time to time and he can adjust the stimulator. The patient reports that he actually likes the stimulator level where it is at the present time.

PHYSICAL EXAMINATION:
Weight: 171 lbs (-12 lbs).
BP: 115/80. Pulse: 69. Respirations: 16. Temperature: 99.4. SaO2: 99%. Pleasant man in no acute distress, accompanied by his significant other.
Cervical Spine: Range of motion of the shoulders is very limited with abduction, as well as external and internal rotation. There are no dystrophic changes noted. Lungs: Clear. Heart: Regular rate and rhythm.

IMPRESSION:
1. Bilateral shoulder pain.
2. Patient ambulating on crutches x4 years.
3. Reflex sympathetic dystrophy of the left lower extremity reasonably well controlled with spinal cord stimulation.
4. Radicular pain of the right lower extremity reasonably well controlled with medications.
5. Right meralgia paresthetica.

PLAN:
1. Referral to Dr. McHone for a surgical evaluation is recommended.
2. Refill above medications.
3. Patient will have an appointment with Dr. Millus at their mutual convenience.
4. I will see him back in one month or sooner if necessary.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling.

Ezra B. Riber, MD

cc: Jeannie Beard, RN, CM 345-6627
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Tuesday, May 11, 2004

PATIENT: Ted Polansky

BILATERAL SUBACROMIAL INJECTION PROCEDURE

PREPROCEDURE DIAGNOSIS: Bilateral shoulder bursitis.

POSTPROCEDURE DIAGNOSIS: Bilateral shoulder bursitis.

DESCRIPTION OF PROCEDURE: Bilateral subacromial injections.

COMPLICATIONS: None.

ANESTHESIA: Local infiltration with Lidocaine.

IMPRESSION:
1. Pain in both shoulders.
2. Long-term use of crutches post-injury.
3. Reflex sympathetic dystrophy, left lower extremity.
4. Radicular pain, right lower extremity.
5. Right meralgia paresthetica.
6. Spinal cord stimulation with noticeable improvement.

PLAN:
1. If he has good quality relief we can repeat these as needed.
2. We will follow up with him in one week or so to assess his improvement, if any.

PROCEDURE: Following sterile prep, a subacromial injection was carried out with a 2½-inch, 25-gauge needle. Following negative aspiration, 4mL 0.75% bupivacaine, 2mL 1% lidocaine, and 40mg methylprednisolone, and 6mg ketorolac was injected with frequent negative aspiration on the left side. This was repeated in the same fashion on the right as well. He tolerated both procedures well, was monitored for 10 minutes, and discharged in stable condition.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Monday, April 19, 2004

PATIENT: Ted Polansky

CHIEF COMPLAINT: Pain in both shoulders

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a now 47-year-old gentleman that I have been following, following a remote work-related injury where he injured his leg. He developed reflex sympathetic dystrophy and failed to respond to conservative treatment. He eventually came to have a spinal cord stimulator placed and this continues to help with his left lower extremity. There is also a right lumbar radiculopathy and chronic back pain. He has been ambulating with crutches now for perhaps 3 years and is developing increasing shoulder discomfort. Pain is worse with reaching and lifting. He denies neck pain or pain distal to the deltoid area. His back and leg pain are actually reasonably well controlled at this point; although, they may once again become unmasked if there is improvement in the shoulders.

CURRENT MEDICATIONS: Skelaxin 800mg tid, Avinza 120mg qd, Bextra 20mg qd, Topiramate 400mg qhs, Percocet up to #3 per day prn breakthrough pain. Medications per Dr. Forsthoefel include Provigil, just recently increased; Risperdal, Eskalith (Lithium), Serzone, and Celexa.

REVIEW OF SYSTEMS: Gail, his significant other, reports somnolence throughout the day. This is seemingly unaffected by the Provigil; although, the dose was just recently increased (last week).

SOCIAL HISTORY: The patient is no longer seeing Dr. Stuart Hooks and is asking me for a recommendation on a family physician (seeing him mostly for hypercholesterolemia).

PHYSICAL EXAMINATION:
Weight: 183.5 lbs (-5.5 lbs).
BP: 102/65. Pulse: 81. Respirations: 12. Temperature: 98.2. SaO2: 99%. Pleasant man in no acute distress.
HEENT: Alert and oriented, but does appear to get a little glassy-eyed while I am talking with his significant other and not him. Cervical Spine: Range of motion of both shoulders is limited with internal and external rotation. I cannot reproduce the pain with specific palpation at sites either superiorly, anteriorly, or posteriorly. No specific trigger points identified. Symmetrical contour of the shoulders. No winging of the scapulae. Lungs: Clear. Heart: Regular rate and rhythm. Gait: He is ambulating with crutches.

IMPRESSION:
1. Pain in both shoulders.
2. Long-term use of crutches post-injury.
3. Reflex sympathetic dystrophy, left lower extremity.
4. Radicular pain, right lower extremity.
5. Right meralgia paresthetica.
6. Spinal cord stimulation with noticeable improvement.

PLAN:
1. I would recommend bilateral subacromial injections to see if this relieves what appears to be a bursitis of the shoulders from chronic repetitive microtrauma.
2. If we can get some relief, perhaps he can have a physical therapy visit x1 to discuss shoulder exercises.
3. Refill Skelaxin, Avinza, Bextra, Topiramate, and Percocet as above.
4. Other medication per Dr. Forsthoefel.
5. I would consider something as simple as a caffeine pill in the morning to improve his wakefulness if the Provigil is not efficacious.

ADDENDUM: More than 50% of the time spent with the patient today was devoted to counseling.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Ross Lynch, MD 253-6676
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Monday, March 15, 2004

PATIENT: Ted Polansky

CHIEF COMPLAINT: Back and leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. On his last visit on February 16, 2004, we decreased the Neurontin and he is now on this medication once per day. We increased the Topiramate, but the suggestion was made by Dr. Forsthoefel that perhaps this be diminished once again. He is not sure if the Avinza at 120mg is helping. However, he does report taking significantly less Percocet that he did while taking OxyContin. I explained to him that this is a likely indication that the medication is more effective. He has lost 6 pounds since February 16, 2004, and 17 pounds since January 12, 2004, all of which are going to be helpful to him in the long run. Not only will this help his ambulation, but also hopefully the meralgia paresthetica that he has.

CURRENT MEDICATIONS: Skelaxin 400mg tid, Avinza 120mg qd, Bextra 20mg qd, Topiramate 200mg qd, and Percocet up to three times per day.

REVIEW OF SYSTEMS: As per HPI.

PHYSICAL EXAMINATION:
Weight: 189 lbs.
BP: 89/56. Pulse: 70. Respirations: 12. Temperature: 98. SaO2: 96%. Pleasant man in no acute distress, accompanied by a significant other and Jeannie Beard.

IMPRESSION:
1. Right meralgia paresthetica likely due to increased abdominal growth.
2. Reflex sympathetic dystrophy, left lower extremity.
3. Radicular pain, right lower extremity.
4. Spinal cord stimulator implant.

PLAN:
1. Discontinue Neurontin.
2. Topiramate to 400mg qhs.
3. Avinza, consider to 150mg qd.
4. Skelaxin to 800mg two or three times a day.
5. Continue with Bextra.
6. If he continues to have weight loss, I would have him see a physical therapist xl for a recommendation on a different ambulatory aid as the crutches are hurting his arm and shoulder.

ADDENDUM: The above was discussed with Jeannie Beard, RN, the case manager who was present today.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Monday, February 16, 2004

PATIENT: Ted Polansky

CHIEF COMPLAINT: Numbness and burning pain, right thigh

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is focused on new onset numbness and burning discomfort along the anterolateral right thigh. This developed over the past month or so. He denies any trauma to the right hip. Otherwise, he is also having pain in both shoulders, which has likely developed with his long-standing use of crutches. Otherwise, his complaints are unchanged. The OxyContin has been discontinued in favor of a trial with Duragesic, which was ineffective. Avinza at 60mg was ineffective, and he is now trying 90mg. We will go to 120mg or 150mg if necessary. He is also titrating the Topiramate and is now at 100mg twice a day.

CURRENT MEDICATIONS: Neurontin 300mg q.d., Topiramate 200mg q.d., Percocet 10/650mg prn breakthrough pain, Skelaxin #8 per day prn, Avinza 90mg, and Bextra 20mg.

REVIEW OF SYSTEMS: Elective weight loss of 11 pounds in the last month.

PHYSICAL EXAMINATION:
Weight: 195 lbs.
BP: 109/66. Pulse: 63. Respirations: 12. Temperature: 99.8. SaO2: 99%. Pleasant man in no acute distress, accompanied by his significant other.
Bilateral Lower Extremities: Exam today is notable for dysesthesia/hypesthesia along the anterolateral right thigh. This is consistent with a right meralgia paresthetica.

IMPRESSION:
1. Right meralgia paresthetica likely due to increased abdominal growth.
2. Reflex sympathetic dystrophy, left lower extremity.
3. Radicular pain, right lower extremity.
4. Spinal cord stimulator implant.

PLAN:
Patient reassured about the meralgia paresthetica. This may actually resolve if he continues to lose weight. Otherwise, treatment options are very limited.
2. Continue to increase the Topiramate to 400mg qd in divided doses.
3. We will begin to taper the Neurontin to bid and then qd dosing.
4. Avinza to 90mg, then 120mg, and 150mg qd if necessary; titrated to therapeutic range.
5. We will see him back in one month or sooner if necessary.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Monday, January 12, 2004

PATIENT: Ted Polansky

CHIEF COMPLAINT: Right leg pain

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. I saw him last one month ago. He is accompanied today by a significant other and Jeannie Beard, the case manager. He has new onset right lower extremity pain that he describes along the anterior aspect of the thigh to the knee and along the anterior aspect of the distal lower extremity to the top of the foot. The right leg is the one that we have addressed with radiculopathic pain before. There is a diagnosis of spinal stenosis at L5-S1. He did not respond to interventional treatment. The left lower extremity was the one that we treated for reflex sympathetic dystrophy. He now has a spinal cord stimulator, which is providing marginal benefit. Medications also provide marginal benefit. Happily, I understand today that he drove to Cleveland with his father. Unfortunately, the circumstances were such that they were visiting a terminally ill uncle, but the fact that he got out to do this is certainly encouraging and shows initiative on his part.

CURRENT MEDICATIONS: OxyContin 20mg tid, Neurontin 300mg now four times per day, Topiramate 75mg qd, Percocet 10/650mg up to #3 per day, Skelaxin up to #8 per day, and Vioxx.

REVIEW OF SYSTEMS: As per HPI.

PHYSICAL EXAMINATION:
Weight: 206 lbs.
BP: 121/75. Pulse: 83. Respirations: 10. Temperature: 99.1. SaO2: 96%. He appears a little sleepy today. He has had some weight gain as well, and I expected him to lose some weight with the Topiramate.
HEENT: Obviously somnolent, but a good historian. He easily awakens. Bilateral Lower Extremities: Examination of the leg reveals straight leg raise to be negative. Distribution is strictly anterior from the top of the thigh to the top of the foot.

IMPRESSION:
1. Reflex sympathetic dystrophy, left lower extremity following a work-related fall.
2. Right lower extremity radiculopathy, unresponsive to interventional treatment.
3. New pain in the right lower extremity, completely anterior by description.

PLAN:
1. I suggested to Ted that we not go through a major workup to determine what the etiology of his new pain is. It is possibly discogenic and he has not responded in the past to any treatments that are typically useful. He already has a spinal cord stimulator functioning and this could address some of those complaints.
2. Overall, I think it is time for some medications adjustments and we made a number of recommendations.
    a. We are going to stop the OxyContin and begin Duragesic 50mcg/hr. We may have to adjust the dosage up or down depending on his response.
    b. Next week we are going to discontinue the Vioxx in favor of Bextra 20mg qd.
    c. Topiramate to 100mg, two capsules per night. We are going to reduce the Neurontin by two capsules per day.
    d. Continue with the Skelaxin and the Percocet for breakthrough pain.
3. The patient will call next week, and I will see him in one month or sooner if necessary.
4. All of the above was discussed with the case manager who was present, Ms. Jeannie Beard, RN, and she was in agreement with the plan.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Monday, December 8, 2003

PATIENT: Ted Polansky

CHIEF COMPLAINT: Patient states, "I'm having a little more pain."

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polanski is back today for follow-up. His pain in the left leg is somewhat worse in the cooler weather. He also continues to have some trouble with sleep and overall is making little progress. Measuring the distance that he can walk with his dog around the neighborhood, he is status quo. He was wondering if there was anything else that we could do. I reviewed his current medications and discussed with him several options.

CURRENT MEDICATIONS: OxyContin, Neurontin, Percocet, Skelaxin, and Vioxx.

REVIEW OF SYSTEMS: The patient was seen by the urologist and has a follow-up pending. He is also seeing Dr. Forsthoefel. He has had an almost 15-pound gain in the past 9 months.

PHYSICAL EXAMINATION:
Weight: 203 lbs.
BP: 116/74. Pulse: 75. Respirations: 14. Temperature: 97.7. SaO2: 93%. Pleasant man in no acute distress.
Bilateral Lower Extremities: Some generalized weakness is noted in the left lower extremity. Well-healed incisional scars. No progression of the reflex sympathetic dystrophy. Gait: He continues to ambulate with crutches.

IMPRESSION:
1. Status post-work-related fall, 1999.
2. Reflex sympathetic dystrophy, left lower extremity.
3. Radiculopathy, right lower extremity.
4. Chronic intractable back and leg pain.

PLAN:
1. Begin trial with Topamax at 25mg qhs. He will advance an additional 25mg every 3-4 days. When he gets to 100mg we will convert him to a 100mg pill and consider daytime dosing.
2. In the meantime, we will continue with the Neurontin as is, but will then begin to reduce the Neurontin with the intent of replacing the Neurontin with Topamax.
4. Topamax, among other things, has an unusual side effect of causing a safe weight loss. It also may help with Mr. Polanski's hypercholesterolemia.
5. Depending on his response to Topamax, I would consider changing him from OxyContin to Duragesic on the next visit. He reports that if he is even a little late with the OxyContin his pain becomes severe. It may be time to rotate the opioids.
6. Along the same lines, a switch from Vioxx to Bextra may be indicated, but this would also be done subsequently. Therefore, in review, doing things one at a time, we may convert the Neurontin to Topamax, the OxyContin to Duragesic, and Vioxx to Bextra in an effort to reduce his symptoms and improve his functioning with the intent of perhaps even tapering him off some of the medication in the future.
7. We will await the report back from the urologist as well.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Monday, October 27, 2003

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Pain in both legs (left > right)

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 45-year-old patient with left lower extremity reflex sympathetic dystrophy and right lower extremity radiculopathic pain. He was involved in a work-related fall 4 years ago, and we have been following him for perhaps 3 years. He had a successful trial with spinal cord stimulation and the stimulator was permanently implanted and later revised. He has had reasonably good pain relief with the spinal cord stimulator, but also some problems including enuresis. He is scheduled for a urological evaluation today. Otherwise, the medications are keeping him reasonably comfortable. This time of year, however, when the weather becomes a little cooler, the pain in the left leg in particular seems to get a little worse. He describes this as a soreness, and he has done everything that he can do from a symptomatic standpoint to keep his leg warm.

CURRENT MEDICATIONS: OxyContin 20mg bid, Neurontin 300mg bid then 600mg qhs, Percocet up to three times per day prn breakthrough pain, Skelaxin 400mg #2 qid, and Vioxx 25mg qd.

REVIEW OF SYSTEMS: As per HPI.

PHYSICAL EXAMINATION:
Weight: 199 lbs (-1 lb).
BP: 102/63. Pulse: 72. Respirations: 12. Temperature: 98.4. SaO2: 98%. Pleasant man in no acute distress, accompanied by his significant other.
HEENT: Alert and oriented. No evidence of excessive somnolence. Bilateral Lower Extremities: Both legs are warm and dry to the touch. Mild dysesthesia elicited on the left.

IMPRESSION:
1. Status post-work-related fall in 1999.
2. Reflex sympathetic dystrophy, left lower extremity/radiculopathy right lower extremity.
3. Conservative and interventional treatment including spinal cord stimulation.
4. Continued enuresis.

LAN:
1. Urological evaluation today.
2. Refill Oxycontin, Neurontin, Percocet, Skelaxin, and Vioxx.
3. I will see him back in one month or sooner if necessary.
4. We will look forward to receiving the urological report.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Monday, September 29, 2003

PATIENT: Ted Polansky

CHIEF COMPLAINT: Burning pain, both feet

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 45-year-old gentleman with left lower extremity reflex sympathetic dystrophy and right lower extremity radiculopathy following a work-related incident 4 years ago. History and treatment are well documented in the record. Briefly, he has a spinal cord stimulator, is managed with various medications, and is also seeing Dr. Forsthoefel. He recently completed a course of physical therapy. He was wondering about balance training. I explained to him that this was most likely integrated into the treatment itself. He is now walking five houses with his dog (this is his measure of progress and it is almost double the previous distance) and having some challenge with this, but is pleased with his progress. I told him in no uncertain terms that, at this point with essentially everything having been done, his progress is going to be totally up to his determination and enthusiasm. He continues to have problems with enuresis and a urological consult is pending.

CURRENT MEDICATIONS: OxyContin 20mg bid, Neurontin 300mg bid then 600mg qhs, Percocet up to three times per day prn breakthrough pain, Skelaxin 400mg #2 qid, and Vioxx 25mg qd.

REVIEW OF SYSTEMS: The patient continues to sleep poorly and Dr. Forsthoefel had asked if we might adjust the Neurontin.

PHYSICAL EXAMINATION:
Weight: 200 lbs (+4 lbs).
BP: 128/71. Pulse: 90. Respirations: 12. Temperature: 99.4. SaO2: 95%. Pleasant man in no acute distress, accompanied by his significant other. I spent all of the time today discussing his previous treatment, current complaints, and prognosis.
HEENT: He is alert and oriented today. No evidence of somnolence. Bilateral Lower Extremities: Skin is warm and dry, though there is significant hair loss bilaterally. Mild dysesthesia on the left.

IMPRESSION:
1. Status post-work-related fall in 1999.
2. Reflex sympathetic dystrophy, left lower extremity/radiculopathy right lower extremity. Conservative and interventional treatment including spinal cord stimulation.
3. Problems with falling and staying asleep.

PLAN:
1. Neurontin to 900mg qhs. After one week, we can consider 1200mg qhs.
2. I am going to see if we can reduce and perhaps discontinue the Ambien at least for a while, as he may be having some rebound insomnia.
3. I am going to arrange for him to see a urologist to evaluate the enuresis and insure that this is not a primary bladder problem.
4. Refill the above other medications with the adjustment in Neurontin.
5. I, once again, encouraged the patient to do what he can as I believe any and all progress that he is going to make at this point lies in his hands.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Thursday, August 28, 2003

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Patient states, "I'm feeling a little better."

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is a 45-year-old patient that I have been following with right lumbar radiculopathy and left lower extremity reflex sympathetic dystrophy following a work-related injury 4 years ago. All conservative and interventional pain management options failed, and he eventually came to have a spinal cord stimulator placed after a successful trial. There was a revision as well. He has had reasonably good pain relief with some intermittent problems with the SCS, including overstimulation and enuresis. He is currently having reasonably, but modest improvement with the stimulator. He has remained on a number of different medications and while we have planned to do so at some point, we have been unable to taper these at all. He is currently back in physical therapy but, unfortunately, he is making little progress with respect to stamina. He is in the process of getting a stationary bike for home. At the time of the last visit, he was noticeably overmedicated. He was seen by Dr. Forsthoefel and medication adjustments were made including reducing the Serzone from tid to qd dosing. Ambien was reduced as well. He is markedly lucid today. The patient and his significant other agree that he is walking better, but the distance that he can cover is not improved.

CURRENT MEDICATIONS: OxyContin 20mg tid, Vioxx 25mg qd, Skelaxin 800mg q6h, Percocet 10/650mg #1 tid prn, Neurontin 300mg qid, Oxycodone prn breakthrough pain, Serzone qd, and Ambien 10mg prn insomnia.

REVIEW OF SYSTEMS: Enuresis with urological consultation pending.

PHYSICAL EXAMINATION:
Weight: 196 lbs (+4 lbs).
BP: 116/68. Pulse: 81. Respirations: 14. Temperature: 99.7. SaO2: 99%. Pleasant man in no acute distress, accompanied by his significant other. Examination and complaints are otherwise unchanged.
HEENT: Alert and oriented. Clear historian.

IMPRESSION:
1. Status post-work-related fall in 1999.
2. Reflex sympathetic dystrophy, left lower extremity/radiculopathy right lower extremity.
3. Conservative and interventional treatment including spinal cord stimulation.
4. Improvement with mental status following medication adjustments per Dr. Forsthoefel.

PLAN:
1. Continue current medications.
2. Encourage continued compliance with physical therapy and participation in a home exercise program as best as he can.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Monday, August 11, 2003

PATIENT: Ted Polansky

CHIEF COMPLAINT: Increasing back and leg pain; forgetfulness

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is a 45-year-old gentleman that I have been following now for more than 2 years with chronic pain that developed following a work-related fall 4 years ago. He developed reflex sympathetic dystrophy in the left lower extremity and a lumbar radiculopathy in the right. Treatment has included interventional pain management finally leading to a trial with spinal cord stimulation and implantation of a pulse generator. He has undergone revision and continues to have some improvement, particularly in the legs. We have had him on a number of medications to supplement the spinal cord stimulation, with modest relief. He was feeling well enough that we have started physical therapy with the intent of increasing his stamina and exercise tolerance. He is back at physical therapy again and says that he is doing well, but is reporting increased back and leg pain. He is also having sensitivity in the left leg and problems with enuresis again.

CURRENT MEDICATIONS: Per Dr. Forsthoefel, Celexa, Serzone, Lithium, and Restoril. Per Dr. Hook, Tricor. Per myself, Skelaxin, Vioxx, Percocet, OxyContin, and Neurontin. We have mentioned on a number of occasions how we would like to taper down on the medications, but his pain control has remained less than optimum, and we have not been able to do so.

PHYSICAL EXAMINATION:
Weight: 192 lbs (-3 lbs).
BP: 113/68. Pulse: 87. Respirations: 16. Temperature: 98.3. SaO2: 95%. Pleasant man in no acute distress. He seems somewhat sedated and "glazed" today. This is reminiscent of when I saw him back in February, when he was noticeably somnolent. He is reporting problems with short-term memory and has fallen asleep right in the middle of conversations. The most recent medication added is the Restoril.

IMPRESSION:
1. Status post-work-related fall in 1999.
2. Reflex sympathetic dystrophy, left lower extremity/radiculopathy right lower extremity.
3. Conservative and interventional treatment including spinal cord stimulation.
4. Patient also followed by Dr. Forsthoefel.

PLAN:
1. With his continued enuresis, I would recommend a one-time evaluation with a urologist to make sure this is not a primary bladder problem.
2. I am going to have a conversation with Dr. Forsthoefel so that both of us are aware of the medications that the other is prescribing.
3. I am concerned once again about the somnolence and wondering if it was the Benzodiazepine that is responsible and see if there are any other alternatives.
4. I am also going to talk with the physical therapist to get their view on how he is doing with therapy and speak to them specifically about desensitization.
5. On the bright side, he does report that he can walk a somewhat greater distance than he did when we first started tracking this 6 months ago.
6. Overall, his progress is discouraging from a pain management and functional standpoint.

ADDENDUM: The above was discussed with Jeannie Beard, the case manager, who was present with him today.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676
Frank Forsthoefel, MD 256-4470

DICTATED BUT NOT READ

DATE: Wednesday, July 16, 2003

PATIENT: Ted Polansky

CHIEF COMPLAINT: Patient states, "I'm a little better."

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He is accompanied by a significant other and his case manager, Jeannie Beard, RN. Mr. Polansky's problems began 4 years ago when he fell down stairs in a work-related incident. He developed reflex sympathetic dystrophy in the left lower extremity and a radicular syndrome in the right lower extremity. He failed all conservative and interventional pain management. He eventually came to have a spinal cord stimulator placed. This was subsequently revised. He has some problems with the spinal cord stimulation including enuresis. Currently, the device is providing a reasonable degree of pain relief consistent with his expectations. He is back into active physical therapy and is making progress, albeit very slow. He is walking his dog without any ambulatory device and can now go three houses in distance instead of two. He has been on a treadmill and able to increase the time he spends there. In addition, he has been using a stationary bike for a longer period of time. He is currently in formal physical therapy three times a week. By his own account this is predominately active physical therapy. He is also having reasonably good coverage with the spinal cord stimulation.

CURRENT MEDICATIONS: OxyContin, Percocet, Skelaxin, Vioxx, Neurontin, and Lithium.

REVIEW OF SYSTEMS: No new organ system disease.

PHYSICAL EXAMINATION:
Weight: 195 lbs.
BP: 113/70. Pulse: 77. Respirations: 18. Temperature: 99.1. SaO2: 95%. Pleasant man in no acute distress. Examination and complaints are unchanged.
Gait: He continues to ambulate with crutches.

IMPRESSION:
1. Status post-work-related fall, 1999.
2. Reflex sympathetic dystrophy, left lower extremity.
   Lumbar radiculopathy, right lower extremity.
   Status post-conservative and interventional pain management failures.
   Spinal cord stimulation.

PLAN:
1. Continue for now with physical therapy three times per week for a total of 3 weeks. He can then go two times per week for 3 weeks and one time a week for 3 weeks.
2. The patient understands that this underscores the need for him to be independent in a home exercise program.
3. Along these lines, I am going to recommend that he be provided with a treadmill to use at home. This will hopefully increase his functioning and stamina. He already has a stationary bike and continued to use this as well.
4. I am going to refill his medications, as I do not believe that any changes can be made at the present time.
5. I encouraged the patient that while his progress is slow, it is progress, and he has been sedentary for so long that it is not unexpected.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676

DICTATED BUT NOT READ

MIN OFFICE

DATE: Monday, June 2, 2003

PATIENT: Ted Polansky

CHIEF COMPLAINT: Patient states, "I'm a little better."

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. I have not seen him for approximately 3 months. On the appointment prior to that we carried out a left occipital nerve block. This seemed to help quite a bit as he is not complaining of any discomfort on the left side of his neck or head today. He has also improved since the pulse generator was revised by Dr. Lynch. He has some residual discomfort at the implant site, but this seems to be resolving. His mental status has also remained improved since medication adjustments 3-4 months ago. He is once again ready to consider increasing his activity level. He has been walking just a little bit without crutches and says that he can get as far as two houses walking his dog. He develops weakness in a short period of time, which he is wondering if it can be overcome.

CURRENT MEDICATIONS: OxyContin 20mg bid, Neurontin 300mg qam and qpm and 600mg qhx, Percocet up to 3 times per day prn breakthrough pain, Skelaxin 400mg up to 4 times a day, and Vioxx 25mg qd.

PHYSICAL EXAMINATION:
Weight: 191 lbs (unchanged).
BP: 123/74. Pulse: 75. Respirations: 20. SaO2: 98%. Temperature: 99. Pleasant man in no acute distress, accompanied by his case manager and his significant other. Examination and complaints are essentially otherwise unchanged
HEENT: Alert and oriented. Good historian. The pulse generator implant site appears to be healing well. Bilateral Upper Extremities: Skin is warm and dry. Bilateral Lower Extremities: Skin is warm and dry.

IMPRESSION:
1. Reflex sympathetic dystrophy, status post-work-related injury with left lower extremity reflex sympathetic dystrophy and right lumbar radiculopathy secondary to spinal stenosis.
2. Status post-interventional treatment without improvement.
3. Placement of spinal cord stimulator following a successful trial.
4. Reasonably good relief with stimulator.
   Left occipital neuralgia resolved.

PLAN:
1. I encouraged Mr. Polanski to continue with reconditioning.
2. We had put physical therapy on hold and will revisit it perhaps 3 times a week to begin with, with the emphasis on a home exercise program which he will become independent with. I reassured him that it is going to take him a good while before he regains strength and stamina and, therefore, he should not be frustrated with his activity level at the present time.
3. Prescription was written to continue with physical therapy at Total Rehabilitation in the Northeast near his home.
4. The above medications were refilled several days ago.
5. I will see him back in approximately 1 month to assess his progress. Hopefully as he improves, we can make some adjustments in the medications that he is currently on. However, at this time I would defer changes while he restarts the physical therapy.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676

DICTATED BUT NOT READ

DATE: Monday, March 17, 2003

PATIENT: Ted Polansky

CHIEF COMPLAINT: Patient states, "My stimulator is not working."

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up. He was here last week for a left occipital nerve block. This has relieved much of the occipital neuralgia that he has had. He is still having some discomfort at the site of the injection. We are still focused on his stimulator, which does not seem to be working well. When he turns it on, he is getting more anterior stimulation on the abdominal wall. We looked at the leads under fluoroscopy and they seemed to be at T8 and T9. The trial listed them to be at T9 and T10. I do not have Dr. Lynch's note to see where he felt that they were permanently placed. I do not believe that they could migrate with the way that they are typically anchored and from my lateral view under fluoroscopy it appears as if they are in the posterior epidural space.

REVIEW OF SYSTEMS: The patient reports having diarrhea almost daily, and sees his medication "going right though him." This includes the OxyContin and would certainly explain why his pain has increased.

PHYSICAL EXAMINATION:
Weight: 191 lbs.
BP: 137.73. Pulse: 98. Respirations: 16. SaO2: 99%. Temperature: 99.1. Pleasant man in some distress still having some problems with cognition and mentation. He is being followed by Dr. Frank Forsthoefel, his psychiatrist, and some medication adjustments have been made there. He has an appointment with Dr. Forsthoefel later this week.

IMPRESSION:
1. Reflex sympathetic dystrophy, status post-work-related injury with left lower extremity reflex sympathetic dystrophy and right lumbar radiculopathy secondary to spinal stenosis.
2. Status post-interventional treatment without improvement.
3. Placement of spinal cord stimulator following a successful trial.
4. Reasonably good relief with stimulator.
5. Recent development of right superior gluteal neuralgia secondary to altered gait.
6. Left occipital neuralgia.
7. Recent change with mental status.

PLAN:
1. I am going to make an appointment for Ted to see Dr. Lynch, Steven Grumman, and have Jeannie Beard there as well. I am not sure what the decision would be regarding the nonfunctioning lead.
2. He has good relief from the superior gluteal nerve block and this can be repeated if necessary.
3. The above was discussed with Jeannie Beard, the case manager, and we will be in touch with her as soon as we have the appointment with Dr. Lynch.
4. Regarding his daily diarrhea, I would like him to make an appointment with Dr. Hooks.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 799-3103
Ross Lynch, MD 253-6676

DICTATED BUT NOT READ

DATE: Wednesday, March 12, 2003

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Left-sided headaches

FOLLOW-UP CONSULTATION WITH
REPORT OF PROCEDURE

HISTORY: Mr. Polansky is here today for a left occipital nerve block as scheduled. He is a 45-year-old gentleman that we have been following predominantly with post-work-related trauma, reflex sympathetic dystrophy in the right lower extremity, and radiculopathy in the left lower extremity. We are currently trying to manage his spinal cord stimulator and as part of the visit today, Steve Grumman from Medtronics was here trying to adjust the stimulation. We also viewed the leads under fluoroscopy and they appear to be extending to the lower border of T8 and to the mid portion of the T9 vertebra. Regarding the headaches, these have been developing now over some time and have become rather debilitating for him. They begin in the left side of the head near the base of the neck and radiate up toward the ear and extend sometimes into the frontal area.

PHYSICAL EXAMINATION:
Weight: 190.
BP: 120/70. Pulse: 68. Respirations: 14. SaO2: 98%. Temperature: 99. He is a pleasant man in no acute distress. Examination is notable for tenderness in the left occipital region reproducing his pain.

IMPRESSION:
1. Left occipital neuralgia.

PLAN:
1. Occipital nerve block was discussed including the risks and benefits.
2. He was agreeable to proceed and consent was given.
3. If he has good quality and complete relief from today's procedure, we can repeat it in approximately 2 weeks.
4. If he has excellent quality but short-term relief, pulsed radiofrequency to the occipital nerves may prove to be effective.

PROCEDURE: In the prone position following sterile prep, a left occipital block was administered without difficulty. Following cal infiltration with carbonated lidocaine, at 25-gauge, 2-inch needle was utilized to infiltrate the injectate at approximately the d point between the mastoid process and the external occipital protuberance on the left side. A total of 3mL of 0.75% bupivacaine th 2mL of 1% lidocaine, 20mg methylprednisolone and 6mg Ketoralac was injected with frequent negative aspiration. He tolerated the procedure well. At the time of discharge, he was reporting hypesthesia in a left occipital distribution.

Ezra B. Riber, MD

cc: Stuart Hooks, MD 779-3103
Frank Forsthoefel, MD

DICTATED BUT NOT READ

DATE: Tuesday, March 11, 2003

PATIENT: Ted Polansky

CHIEF COMPLAINT: Stimulator does not seem to be working.

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for follow-up accompanied by Jeannie Beard, RN, the case manager. I last saw him on March 4, 2003. This was a follow-up visit to the previous one from February 20, 2003, when we arranged for him to be evaluated by Dr. Stuart Hooks for changes in mentation. This was felt to be due to medication side effects and has now cleared for the most part. However, he continues to have diplopia and has an eye appointment this Friday, March 14, 2003. The right superior gluteal nerve block resulted in very good relief, and he is reasonably pain free in the right side of his low back. He continues to have left-sided headaches, which we have discussed previously as likely being occipital neuralgia. Our main focus today is on the stimulator, which, again, seems to be affecting the anterior abdominal wall when it is turned up, similar to complaints that he was having immediately postoperatively. This seemed to resolve for a number of months only to recur now. Unfortunately, he is having little stimulation in the lower extremities.

PHYSICAL EXAMINATION:
Weight: 191.
BP: 124/75. Pulse: 68. Respirations: 16. SaO2: 98%. Temperature: 99.9. He is a pleasant man in no acute distress. Examination reveals him to be alert and oriented, much more so than several visits ago. We spent the time discussing the apparent stimulation that he is having.

IMPRESSION:
1. Reflex sympathetic dystrophy, right lower extremity.
2. Lumbar radiculopathy, left lower extremity.
3. Status post work-related fall in 1999.
4. Right superior gluteal neuralgia, resolving.

PLAN:
1. We need to have the integrity of the leads checked and also possibly view the leads under fluoroscopy.
2. At this point, we must entertain the possibility of having a lead revision depending on what the Medtronic representative may say; however, ultimately we must leave this decision to Dr. Lynch and Mr. Polansky.
3. I will also tentatively plan on performing the left occipital nerve block tomorrow as well.
4. All of the above was discussed with Jeannie Beard, RN who is in agreement.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 779-3103
Frank Forsthoefel, MD

DICTATED BUT NOT READ

DATE: Tuesday, March 4, 2003

TIENT: Theodore Polansky

CHIEF COMPLAINT: Patient states, "I'm doing better"

FOLLOW-UP CONSULTATION WITH
REPORT OF PROCEDURE

ISTORY: Mr. Polansky is back today for follow-up. He is a 45-year-old gentleman that I have been following for several years now following a work-related fall. Diagnoses include a right lumbar radiculopathy and reflex sympathetic dystrophy of the left lower extremity. He failed all conservative and interventional treatment, and eventually came to have a spinal cord stimulator trial. The trial was reasonably successful and a permanently implanted pulse generator and lead have left him with some improvement, but also with side effects. These have included aberrant stimulation in the abdominal wall and problems with anuresis. The lead was revised soon after it was originally placed with several adjustments by the Medtronic representative. On his last visit here, February 20, 2003, I was alarmed at his mental status and the abruptness with which it developed considering there were no pain medications that I was aware of. As it turns out, there were some adjustments made by Dr. Forsthoefel who is his psychiatrist and he was referred to Dr. Stuart Hooks for a general evaluation as he has not had a family physician. He continues to have diplopia, but his general mental status has returned close to the baseline. His Ativan was discontinued (without tapering) and he had some withdrawal symptoms. He was scheduled for a right superior gluteal nerve block on the last visit, but of course, this was deferred. He is here today anticipating the procedure. He continues to have left-sided occipital discomfort.

REVIEW OF SYSTEMS: The patient is complaining of shortness of breath even with minimal activity. I explained to him that this was most likely deconditioning. He does not report having any difficulty lying flat.

MEDICATIONS: Medications refilled at this time are OxyContin 20mg tid, #60; Neurontin 300mg qid, #120; Percocet 10/650mg one tablet q6-8h (no more than tid), #90; Skelaxin 400mg 2 tablets q6h, #240; and, Vioxx 25mg, #30. I anticipate weaning him off the Vioxx and Skelaxin, perhaps weighting the Neurontin more heavily in the nighttime dose, and perhaps going to OxyContin bid again to simplify his medication and general day-to-day living.

PHYSICAL EXAMINATION:
Weight: 190 lbs.
BP: 102/61. Pulse: 75. Respirations: 16. SaO2: 98%. Temperature: 99.2. Pleasant man in no acute distress, accompanied by his significant other.
EENT: He continues to have diplopia with the finger approximately 20 inches from the eye. There is no nystagmus or strabismus.
ungs: Clear. Heart: Regular rate and rhythm. Well healed incisional scars. Abdomen: Points of coverage today along the left odominal wall. Lumbar Spine: Discomfort is noted with moderate palpation inferolateral to the right PSIS with radiation of pain into the gluteal region.

IMPRESSION:
1. Right superior gluteal neuralgia.

PLAN:
1. A superior gluteal nerve block was discussed including the risks and benefits.
2. He was agreeable to proceed and consent was given.
3. We will plan to have the Medtronic representative evaluate the lead stimulation and coverage.
4. We are going to decrease his Percocet to tid. We are going to continue to withdraw medications gently and simplify his regime.
5. I indicated to Mr. Polansky and his significant other that I would like to receive a copy of his notes from his visits with Dr. Forsthoefel specifically with mention of current medications that are being prescribed and changes that are made. I will do the same for Dr. Forsthoefel so that, hopefully, we can avoid him having another over-medicated situation.
6. The patient asked me about a treadmill and this certainly can be a good home exercise activity.
7. For now, I would recommend that he participate in physical therapy twice a week for 2 weeks then once a week for 2 weeks, and then begin his home exercises.

PROCEDURE: Following sterile prep, using a 27-gauge, 1½-inch needle the appropriate fascial plane was entered to administer a right superior gluteal nerve block where 2mL of 0.75% bupivacaine with 2mL of 1% lidocaine and 20mg triamcinolone was injected. He tolerated both procedures well, was monitored for 5 minutes, and discharged in stable condition.

Ezra B. Riber, MD
: Jeannie Beard, RN 345-6627
Stuart Hooks, MD 779-3103
ICTATED BUT NOT READ

DATE: Thursday, February 20, 2003

PATIENT: Theodore Polansky

CHIEF COMPLAINT: Patient not feeling well

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back today for a scheduled follow-up visit. He is accompanied by Jeannie Beard, RN, his case manager, and long-time significant other. We had planned on carrying out a right superior gluteal nerve block and at some point also consider a left occipital nerve block. Today, he does not have any real specific complaints. He is reporting in general that the stimulator does not seem to be working as well. He is, once again, having abdominal stimulation. He has also had a problem with anuresis over the past few weeks and he has developed some general malaise. Dr. Forsthoefel, the psychiatrist that has followed him for quite some time, suggested that these symptoms may be just due to his long-term pain and altered stimulation pattern. The patient seemed to be much less animated today than usual. He seemed to pause a good deal following questions and sometimes not answering any of these at all. This is a definite change in his mental status to this observer and I expressed the opinion to those present that this was not likely due to his chronic pain or change in spinal cord stimulation. On further questioning, he does not have a family doctor and has not had one for several years since Dr. Tom Edwards became a hospitalist. I recommended that we defer any specific pain treatment at this time while planning to have him follow up with the Medtronic representative here to check on the operation of the spinal cord stimulator, but focus on a comprehensive physical examination.

PHYSICAL EXAMINATION:
Weight: 197 lbs (no change).
BP: 108/58. Pulse: 71. Respirations: 16. SaO2: 97%. Temperature: 97.5. He is quiet, staring quite a bit.
HEENT: Eyes: I did not check extraocular movements as he would not follow my finger. Mildly injected conjunctivae. No nystagmus or strabismus. Lungs: Clear. Heart: Normal S1 and S2. Bilateral Upper/Lower Extremities: Skin is warm and dry. The patient is complaining of generalized swelling including the digits of the hands and feet. Objectively, with some mild pretibial edema. Strength is unchanged. Gait: Unchanged.

IMPRESSION:
1. Reflex sympathetic dystrophy, status post-work-related injury with left lower extremity reflex sympathetic dystrophy and right lumbar radiculopathy secondary to spinal stenosis.
2. Status post-interventional treatment without improvement.
3. Placement of spinal cord stimulator following a successful trial.
4. Reasonably good relief with stimulator.
5. Recent development of right superior gluteal neuralgia secondary to altered gait.
6. Left occipital neuralgia.
7. Recent change with mental status.

PLAN:
1. I spoke with Dr. Stewart Hooks who graciously agreed to work Mr. Polansky into his schedule as soon as possible perhaps tomorrow morning on February 21, 2003.
2. Hopefully, workup will reveal an etiology for the change and treatment options.
3. We will defer any specific pain treatment today.
4. We will arrange for the patient to come back at a time when Steven Grummond can be here to check on the stimulator. Hold physical therapy at this time.
5. We are going to plan for him to become independent in a home-exercise program as soon as possible; discontinue the formal visits to physical therapy.
6. Consider peripheral nerve blocks as above when he has become stabilized once again.
7. The above was discussed with those present including his significant other and Jeannie Beard, RN, the case manager. They are agreeable to proceed with the above plan.

Ezra B. Riber, MD

cc: Jeannie Beard, RN 345-6627
Stuart Hooks, MD

DICTATED BUT NOT READ

DATE: Monday, December 23, 2002

PATIENT: Ted Polansky

CHIEF COMPLAINT: Patient states, "I am about the same."

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back for follow-up. He is a 35-year-old gentleman that I have been following now for approximately 20 months for chronic pain that developed following a work-related injury from October 1999. Diagnoses include reflex sympathetic dystrophy of the left lower extremity and lumbar radiculopathy on the right side. On his most recent visit, October 22, 2002, he was noted to have left occipital neuralgia and right superior gluteal neuralgia. I had discussed carrying out peripheral nerve blocks at both of those sites, however, the dictated note did not find its way to the case manager for approval and, unfortunately, he continues to have discomfort at these sites. I pledged to him today that I would make sure that the dictation got to Ms. Beard and that she would assist if at all possible. He continues with his discomfort in both legs, which is addressed with spinal cord stimulation and multiple medications. On the last visit, we did drop the Vioxx to 12.5mg and he has not noticed any change in his pain. He is very cautious about any other changes as he continues to have a fair amount of discomfort. He is still having some problems with the stimulation including occasional enuresis and stimulation outside the affected areas. However, when asked if he had a second chance would he proceed with spinal cord stimulation, he always gives an unequivocal "Yes" as it appears to be helping to control his pain significantly.

CURRENT MEDICATIONS: Vioxx 12.5mg qd, OxyContin 20mg bid, Neurontin 600mg tid, Percocet 10/650mg 1 tablet po q4-6h prn, and Skelaxin 400mg 2 tablets po q6h.

PHYSICAL EXAMINATION:
Weight: 197 lbs (+12 lbs since the last visit 2 months ago).
BP: 108/67. Pulse: 78. Respirations: 16. Temperature: 99.0. SaO2: 97%. Pleasant man in no acute distress accompanied by a significant other. Unfortunately, Ms. Beard could not be here today because of the loss of her mother. Otherwise, she is consistently here with his appointments.
HEENT: Weight gain is apparent. Neck is supple. Exam is still consistent with a left occipital neuralgia. Lungs: Clear. Heart: ular rate and rhythm. Lumbar Spine: Well-healed incisional scars from the spinal cord stimulator. He continues with right erior gluteal neuralgia with pain at the gluteus medius/maximus junction lateral to the posterior sacroiliac spine on the right side. it: He is ambulating with crutches.

IMPRESSION:
1. Left occipital neuralgia/right superior gluteal neuralgia.
2. Reflex sympathetic dystrophy left lower extremity/right lumbar radiculopathy.
3. Pain reasonably well controlled and patient continues with rehabilitation making slow, but noticeable progress.

PLAN:
1. Left occipital nerve block.
2. Right superior gluteal nerve block.
3. We plan on doing these at least 1 week apart.
4. The above medications are refilled with no changes recommended today.
5. Hopefully, we will continue to make some progress with pain control and realize a corresponding reduction in some of the medications that he is on.
6. Continue with rehabilitation services for now and as long as he is making progress with the intent of having him independent in a home exercise program and as functional as possible.

Ezra B. Riber, MD

cc: Jeannie Beard, RN. 345-6627

DICTATED BUT NOT READ

DATE: Tuesday, October 22, 2002 PATIENT: Ted Polansky

CHIEF COMPLAINT: Right-sided low back and hip pain/left-sided headaches.

FOLLOW-UP CONSULTATION

HISTORY: Mr. Polansky is back for follow-up. He is a 35-year-old patient that I have been following now for perhaps 18 months with chronic pain problems that developed following a work-related fall 3 years ago in October 1999. I first evaluated him on April 27, 2001, when he presented with pain in both legs and a diagnosis of reflex sympathetic dystrophy in the left lower extremity. There is a lumbar radiculopathy in the right lower extremity. He failed to respond to conservative measures, interventional treatment, and eventually came to have a trial with spinal cord stimulation. The lead and pulse generator were implanted in March 2002. Interventional treatment included previous epidural steroid injections, selective nerve root blocks, sympathetic blocks, and medication trials, none of which were helpful. He did have a reasonably successful trial with spinal cord stimulation and he continues to be noticeably improved with the permanent unit although he still requires significant medication to move along with activities of daily living. He has had some problems with the stimulator including enuresis, but has found a way to adjust the stimulation at night to avoid this. When the stimulator is turned up significantly, he may experience some anterior stimulation, but generally the coverage is good in the back and both legs. The patient continues with rehabilitation at Total Rehabilitation Services with the intent of improving function, particularly his ambulation.

CURRENT MEDICATIONS: Vioxx 25mg qd; Skelaxin 400mg 2 tablets po q6h prn; Percocet 10/650mg 1 tablet po q6-8h prn; Neurontin 600mg tid; and, OxyContin 20mg bid.

PHYSICAL EXAMINATION:
Weight: 185 lbs (+1 lb from the last visit 2 months ago).
BP: 112/70. Pulse: 76. Respirations: 16. Temperature: 99.2. SaO2: 97%. Pleasant man in no acute distress accompanied by a significant other and Jeannie Beard.
HEENT: Awake and alert. No cranial or fascial asymmetry, no torticollis. He is noticeably tender just above the posterior triangle of the neck on the left side at the site of the left occipital nerve. Mild palpation here reproduces his pain. There are no corresponding findings on the right. Neck is supple. Lungs: Clear. Pain is not increased with Valsalva. Heart: Regular rate and rhythm. Lumbar spine: Incisional sites for the spinal cord stimulator are well healed. Range of motion is not tested. There is mild tenderness in the right sacral sulcus and significant discomfort with firm palpation just lateral to the posterior sacroiliac spine at the junction of the gluteus medius/maximus, which reproduces his low back and right buttock pain. No corresponding finding on the left. Skin is warm and dry. Gait: He ambulates with a crutch.

IMPRESSION:
1. Left occipital neuralgia.
2. Right superior gluteal neuralgia.
3. Reflex sympathetic dystrophy of the left lower extremity with radiculopathy in the right lower extremity reasonably well controlled with medications and spinal cord stimulation.

PLAN:
1. I would recommend a simple left occipital nerve block in an effort to address the cranial symptoms. The details were discussed including the risks and benefits and he was agreeable to proceed.
2. A right superior gluteal nerve block may also be helpful in controlling his right-sided low back and hip pain. The details including the risks and benefits of this procedure were also discussed and he wished to proceed.
3. We will seek approval for the above two office-based peripheral nerve blocks.
4. I would like to begin reducing his medications, if possible. The first step would be a reduction in Vioxx to 12.5mg. Hopefully, this will not result in any change in his pain control.
5. Other medications were refilled as above.
6. Continue with rehabilitation and monitor his progress.

Ezra B. Riber, MD
Jeannie Beard, RN 345-6627

DICTATED BUT NOT READ

DATE: 08/19/2002 PATIENT: POLANSKI, TED

CHIEF COMPLAINT: "I am doing better."

HISTORY: Mr. Polanski is a 35-year-old gentleman with RSD in the left lower extremity and radiculopathic pain in the right lower extremity. He failed all interventional and conservative treatment but actually came to have spinal cord stimulation. He came to have a trial with spinal cord stimulation, which was successful and permanent implantations followed. Unfortunately, the lead migrated shortly following implantation to cover more of the right lower extremity. A second lead was placed approximately two months ago, which nicely covers the left lower extremity as well. He now has essentially full coverage with the back and legs. Has problems with enuresis only when he turns stimulator "way out" and leaves them on at night. So, essentially he knows how to avoid this now. He is doing well with rehabilitation and recommendation has been made that he use a rolling walker. The pain seems to be worse when he sits for an extended period of time, otherwise he is doing well and looking forward to continue the rehabilitation. He finds that a number of his muscles are "sore" but realizes that he has not used a number of these muscle groups for some time. In particular, his ankle is sore but I pointed out to him that he has been on crutches for so long that his ankles have been spared for the most part. Case manager, Jeanie Beard did a home evaluation and has made a number of recommendations that we will follow as well.

PHYSICAL EXAMINATION: Vitals: Blood pressure 126/74, pulse 75, respirations 16, SaO2 96, weight 184 pounds. Again accompanied by significant other and Jeanie Beard, the case manager. The session was devoted to counseling and encouragement for continued rehabilitation and discussion of the changes that were recommended including the rolling walker.

IMPRESSION:
1. RSD, left lower extremity.
2. Right lower extremity radiculopathy.
3. Chronic back and leg pain.
4. Continued improvement with spinal cord stimulation and rehabilitation.

PLAN:
1. Begin using a rolling walker and avoid using crutches.
2. Handrails would be placed around the home.

3. Refill OxyContin, Percocet, Neurontin and Skelaxin.
4. I did discuss with the patient that as he improves, we will begin a tapering process albeit slowly regarding the above medications. He is hopeful and agreeable to proceed in this manner.

Ezra B. Riber, M.D.

EBR:TN

cc: Beard Genie, R.N. Fax: 345-6627
Ross D Lynch, M.D.

DICTATED BUT NOT READ

DATE: 07/09/2002 PATIENT: POLANSKI, TED

CHIEF COMPLAINT: Back and leg pain.

HISTORY: Mr. Polanski is back today for follow up. He is a 35-year-old gentleman that I have been following now for approximately 16 months with diagnosis of RSD in the left lower extremity, right lumbar radiculopathic pain and chronic back pain. He failed aggressive conservative and interventional treatment and eventually came to have a spinal cord stimulator permanently placed following a successful trial. Once the coverage had settled in postoperatively, the improvement was predominantly in the back and right lower extremity, which he was very pleased with, but unfortunately this failed to address most of the discomfort in the left lower extremity, which was actually his worse pain. Following multiple attempts at adjusting the stimulation, a decision was made to revise the implant and place a second lead to cover the left lower extremity. This was again carried out by Dr. Lynch, one month ago, on 06/14/02. He now has good quality relief in both lower extremities and is pleased with the results. He is experiencing similar side effects that appeared following the initial implantation including anuresis. At this time, he has turned the stimulator off occasionally at night and has found that the anuresis does not occur. He continues to have a little discomfort in both incisions, but overall is markedly improved and continues to do so.

PHYSICAL EXAMINATION: Vital signs: Blood pressure: 113/58. Pulse: 90. Respiration: 16. SAO2: 98.
This is a pleasant man in no acute distress accompanied again by a significant other.
HEENT, awake, alert and happy. Well-healed low thoracic midline and left flank incisional scars. He continues to ambulate with crutches.

IMPRESSION:
1. RSD left lower extremity.
2. Right lower extremity radiculopathy.
3. Chronic back pain.
4. Good quality relief with spinal cord stimulation.

PLAN:
1. The patient reports having some difficulty in getting in and out of the bathtub. He has also had some trouble on the commode. I would recommend a home evaluation by an OT/PT to recommend any structural adjustments or devices may improve his ADLs.
2. I would like to see his ambulatory aids evaluated as I do not like the idea of him on crutches indefinitely. The OT/PT people can make recommendations on another ambulatory aid.
3. He maybe a good candidate at this time for reconditioning/rehabilitation and along with the above, I will ask OT/PT to consider him a candidate and begin an initial four-week treatment program at 3 times per week or as they see fit following evaluation.
4. Hopefully, we can get him to the point where we can begin tapering some of the medication. At the present time, he is less than 30 days postoperative and with possible rehabilitation to

begin soon, I would not recommend any medication changes at the present. This was discussed with him briefly as well. I will seek approval from patient's case manager Jeannie Beard R.N. for the above, so that we can begin ASAP with the above plan.

Ezra B. Riber, M.D.

EBR:IK

cc: Jeannie Beard, R.N 345-6627

Ross D Lynch, M.D. Fax: 253-6656

DICTATED BUT NOT READ

DATE: 06/06/2002 PATIENT: POLANSKY, TED

CHIEF COMPLAINT: Left leg pain.

HISTORY: Mr. Polansky is a 35-year-old patient with right lumbar radiculopathy, left lower extremity RSV and chronic intractable back pain. He failed conservative treatment. He failed interventional pain management techniques and eventually came to have a successful trial with spinal cord stimulation. He had the device permanently implanted approximately three months ago. The stimulation has been effective predominantly in his back and right leg, while his main pain has always been on the left side. While the initial results seem to afford relief in both lower extremities. Over the past three months, the stimulation seems to have shifted ever so slightly to where he has to increase the stimulation dramatically on the right side to get much coverage on the left. Some of the early side effects have passed as well and he is actually very pleased with the improvement that he has in the back and right side.

PHYSICAL EXAMINATION: Vitals: Blood pressure 102/54. Pulse 74. Respirations 16. SAO2 98. Weight 183 pounds. This is a pleasant man who is in good spirits. He is accompanied by his significant other. The surgical incisional scars are well healed. The examination and complaints are otherwise unchanged.

IMPRESSION:
1. RSV left lower extremity.
2. Chronic low back pain and right lumbar radiculopathic pain.
3. Spinal cord stimulator placed three months ago with good coverage in the back and right leg.
4. Continued left lower extremity pain.

PLAN:
1. I would recommend at this point that we proceed with placement of a adjunctive lead exclusively to cover the left lower extremity where he has had his predominant pain.
2. I have discussed this with Dr. Lynch previously and I believe at this point that we should proceed. I do not believe that there is going to be any further improvement, nor is there going to be any way to increase the coverage on the left side.
3. We are going to make an appointment with the patient. I will seek approval for the above and arrange this through Dr. Lynch and the local Medtronic representative.
4. OxyContin 20 mg.

Ezra B. Riber, M.D.

EBR:AB

cc: Jeannie Beard, RN, Case Manager

DICTATED BUT NOT READ

DATE: 4/22/02 PATIENT: POLANSKY, Ted

CHIEF COMPLAINT: "I'm doing better."

HISTORY: Mr. Polansky is a 35-year-old gentleman with RSD of the left lower extremity and lumbar radiculopathy on the right. He also has chronic intractable back pain and all conservative and interventional treatment was exhausted. He came to have a reasonably successful trial with spinal cord stimulation and permanent implantation was carried out on 3/15/02. He has had some unusual side-effects with the stimulation including bladder incontinence and more recently numbness in the hands. I instructed him to be off the stimulator for just a period of time and it appears as if the incontinence is related to bladder function at least in part. On the other hand it does not seem to be associated with the tingling in his hands. The hands have become worse and worse and seem to be exacerbated when he uses his crutches for a period of time. He has had the crutches for years.

VITAL SIGNS: BP: 129/87. P: 92. R: 16. SAO-2 is 96.

PHYSICAL EXAMINATION: Pleasant man in no acute distress, accompanied by his significant other and Jeannie Beard, RN, the nurse case manager. The incisional scars are well healed. He demonstrated how he ambulates with the crutches and this certainly appears to be suboptimal.

PLAN:

1. Plan to have PT evaluate him for other options for ambulation aside from the crutches.

2. Continue current medications. Refill Neurontin, Skelaxin, Vioxx, OxyContin, and Percocet.

Ezra B. Riber, MD

EBR/agw

C: Jeannie Beard, RN - Case Manager

DICTATED BUT NOT READ

DATE: 4/10/02 PATIENT: POLANSKY, Theodore P.

CHIEF COMPLAINT: Numbness In The Hands.

HISTORY: Mr. Polansky is a 45-year-old gentleman who recently had a spinal cord stimulator permanently implanted to address lower extremity discomfort secondary to RSD. This followed a reasonably successful percutaneous trial. Since surgical implantation he has, by his own account, enjoyed very good relief and from a pain management standpoint is very pleased with the improvement. However, he is experiencing urinary incontinence while sleeping. He has had abdominal contractions. I have asked him to turn of the stimulator for at least several nights to see if the incontinence was stimulation related and he tells me that it is. He is reluctant to turn it off because of the pain relief. Now he has developed tingling in digits of both hands just in the past week or so. This seems to be stimulation related as well but he is not sure.

PHYSICAL EXAMINATION: VITAL SIGNS: BP: 141/83. P: 83. R: 16. SAO-2 is 99. WT: 188 lb. He is in good spirits accompanied by a significant other. He demonstrated for me various levels of stimulation with abdominal contractions. He does not have any stimulation above the waist, upper back and nothing proximal to the hands in either upper extremity.

DIAGNOSIS:

1. RSD left lower extremity.
2. Successful SES trial followed by permanent implantation several weeks ago.
3. Good relief with unusual side-effects including urinary incontinence and numbness in the hand.

PLAN:

1. I expressed doubt to Mr. Polansky that we can continue with the side-effects that he is having. Certainly the incontinence is unacceptable and the numbness in the hands if unexplainable. I am going to discuss the above the with Dr. Lynch. We may also have the Medtronix representative meet us the patient 's next visit to see if there are any adjustments that can be made to offset these unusual side-effects.

2. I explained to Mr. Polansky that I have researched the incontinence and there is no record of this occurring previously as far as we can tell. Considering the level that the lead is placed, I cannot explain the numbness in the hands but have asked him to turn off the stimulator at times to see if this disappears.

(CONTINUED ON PAGE 2)

PLAN CONTINUED:

3. An additional option includes replacing the lead with a wider dual lead. This may provide the added benefit of covering the right lower extremity where he has also had complaints that are radiculopathic in nature but did not respond to more interventional treatment.

Ezra B. Riber, MD

EBR/agw

C: Dr. Ross D. Lynch via fax 253-6676
C: Jeannie Beard, RN via fax 345-6627

DICTATED BUT NOT READ

DATE: 3/28/02 PATIENT: POLANSKY, Ted

CHIEF COMPLAINT: "I'm doing better."

HISTORY: , Ms. Polansky is a almost 45-year-old gentleman with RSD in the left lower extremity. Recently he underwent permanent implantation of a spinal cord stimulator carried out by Dr. Lynch several weeks ago. He is very pleased with the pain relief and the coverage which includes the low back and leg but he was having some complications including urinary incontinence when he turns the stimulator up particularly in the evening. He is also having abdominal contractions with increased stimulation as well. Still he is pleased with the results. He was seen by Dr. Lynch several days ago and felt to be healing well. He was met by the Metronix Representative at the Midlands Office and adjustments were made.

PHYSICAL EXAMINATION: VITAL SIGNS: BP: 127/74. P: 101. R: 16. SAO-2 is 99. WT: 192 lb. Pleasant man accompanied by significant other and the case manager, Jeanie Byrd. Incisional scars are well-healed. There is a palpable area just inferior to the lead incision along which the lead is felt to be coursing and is slightly tender to light touch. He demonstrated the abdominal contractions which appeared to be perhaps internal and external oblique muscles.

DIAGNOSIS:

1. RSD left leg.
2. Right lumbar radiculopathy.
3. Status post permanent implantation, spinal cord stimulator with good coverage and pain relief but with the above side-effects.

PLAN:

1. I recommended to Mr. Polansky that he turn the stimulator off completely at least one or two nights so that we can determine if the incontinence is in fact related to the stimulation.

2. Neurontin, OxyContin, Percocet, Skelaxin, Vioxx and Flonase were renewed.

3. He will call me again within the next week and update me on the incontinence when the stimulator is off.

(CONTINUED ON PAGE 2)

PLAN CONTINUED:

4. He asked me about going camping this weekend with his friends. We discussed this at length and I am going to leave it up to him with the restrictions that I outlined.

Ezra B. Riber, MD

EBR/agw

C: Jeannie Beard, RN via fax 345-6627
C: Dr. Ross D. Lynch via fax 253-6676

DICTATED BUT NOT READ

DATE:01/09/02

PATIENT: POLANSKI, Ted

CHIEF COMPLAINT: BACK AND LEG PAIN.

HISTORY: Mr. Polansky is here today for follow-up. A percutaneous lead was placed on 1/4/02 for a trial with spinal cord stimulation. Initially he had stimulation in the left leg, but the stimulation shifted in the first few days to the right leg. I met him today with Cathy Beatty, the Medtronic Rep to see if we could alter the stimulation to cover the left lower extremity, but we were unable to do so, and the lead was pulled. We would have run the trial, at most, one more day. The patient was very pleased with the pain relief that he had in the right lower extremity. His significant other also echoed that this seemed to improve his level of pain and his attitude. The patient expressed hope that he could have the stimulator permanently implanted, and perhaps be tapered off of some of the medication. The lead was removed,, found to be intact, and the site unremarkable. A Band-Aid was placed after betadine prep.

DIAGNOSIS:

1. RSD LEFT LOWER EXTREMITY.
2. RIGHT LUMBAR RADICULOPATHY.
3. CHRONIC BACK PAIN.
4. REASONABLY SUCCESSFUL TRIAL WITH PERCUTANEOUS SPINAL CORD STIMULATION.
5. ALL CONSERVATIVE TREATMETN OPTINOS EXHAUSTED.
6. STATUS POST PSYCHOLOGICAL EVALUATION WITH RECOMMENDATION THAT WE PROCEED WITH SPINAL CORD STIMULATION.

PLAN:

1. Appointment with Dr. Ross D. Lynch, at Midlands Orthopedics to discuss surgical implantation.
2. I reminded the patient that his trial continues now that we have taken the lead out, as he has the next few days to compare his pain with what it was like while the stimulator was running.

(Continued on page 2)

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3. I will await his formal response over the next few days whether he wants to proceed with permanent implantation or not.
4. Today, we refilled Neurontin, OxyContin and Skelaxin.

Ezra B. Riber, MD

EBR/lw

c: Dr. Ross D. Lynch via fax 253-6676
c: Jeannie Beard, RN, Case Manager

DICTATED BUT NOT READ

DATE: 10/4/01

PATIENT: Ted Polanski

CHIEF COMPLAINT: BACK AND LEG PAIN

HISTORY: Mr. Polanski is here today for follow-up. We are in the midst of scheduling him for a percutaneous trial with spinal cord stimulation. Diagnoses include RSD in the left lower extremity and lumbar radiculopathy in the right lower extremity. He also has chronic back pain and burning discomfort in both feet. All conservative and interventional measures have been exhausted. He had a number of questions regarding the trial and wanted clarification on a number of issues. Questions include another surgical opinion. He has had at least one that I know of locally with Dr. Lynch who did not feel that he was a good candidate for back surgery. I would concur as often times, both neurosurgeons and orthopedic surgeons are reluctant to operate when there is a coexisting diagnosis of RSD. While I am not aware of any particular outcome studies, it is just my experience that the course of RSD may become even more protracted with surgery and it is probably considered by most to be a relative contraindication. However, he was given the name of Don Johnson who certainly has an excellent reputation and I would encourage him to visit Dr. Johnson if he has any inclination to do so. Dr. Johnson also works with several pain specialist, one of whom I believe is Dr. Forrest and he could also give Ted an opinion on spinal cord stimulation. I reiterated to Ted that the trial itself is simple and I personally use very stringent criteria before recommending a trial itself, let alone permanent implantation. I restated that should he come to have the trial that permanent implantation is basically his decision, as I would not generally recommend it unless the trial was clearly successful. On the other hand, options for reasonable pain control are very limited at this point and he is very interested in being weaned off at least some of his medications.

The patient also asked me about Dr. A. V. Rainwater in Florence with whom he has an appointment next week. He was not quite sure what this was about and I explained to him that Dr. Rainwater's long time expertise in assessing potential candidates for their suitability regarding long term implantable devices. We will await his assessment.

DIAGNOSIS:

1. RSD LEFT LOWER EXTREMITY.
2. LUMBAR RADICULOPATHY RIGHT LOWER EXTREMITY.
3. CHRONIC BACK PAIN.

PLAN:

1. Await Dr. Rainwater's assessment.

CONTINUED ON PAGE 2

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Office (803) 779-3263 Fax (803) 779-3207

2. Percutaneous trial with spinal cord stimulator.
3. Refill OxyContin 20 mg b.i.d and Percocet #60 one q4-6, p.r.n.

Ezra B. Riber, MD

EBR/lw

c: Jeanne Bearde via fax 345-6627
c: ABA

DICTATED BUT NOT READ

Palmetto Pain Management, LLC - Ezra B. Riber, MD – 2601 Laurel St., Suite 130, Columbia, SC 29204
Office (803) 779-3263 Fax (803) 779-3207

DATE: 9/13/01

PATIENT: Theodore Polansky

CHIEF COMPLAINT: BACK AND LEG PAIN

HISTORY: Mr. Polanski is here today for follow-up. He is a 44-year-old gentleman that we have been following since April of this year. Diagnoses include foraminal stenosis on L5-S1 on the right and RSD in the left lower extremity. Interventional treatment designed to address all of his symptoms failed to improve his condition. This included a LESI, several selective nerve root blocks and a lumbar sympathetic block. Medication adjustments were also made with no improvement in symptoms. Spinal cord stimulation was discussed on a trial basis and descriptive materials were given to the patient, following which, he wished to proceed with the trial, which is pending. This will be scheduled as soon as he is psychologically "cleared" by Dr. Forsthoefel.

Current medications are Skelaxin, Neurontin, Vioxx and OxyContin.

DIAGNOSIS:

1. RSD LEFT LOWER EXTREMITY.
2. RIGHT LUMBAR RADICULOPATHY RIGHT LOWER EXTREMITY
3. CHRONIC BACK PAIN.

PLAN:

1. Refill Skelaxin 400 mg two to six times per day, Neurontin 600 t.i.d., Vioxx 25 mg q.d. and OxyContin 20 mg q12hs.
2. We will schedule him for the percutaneous trial at the earliest mutually convenient time.

Ezra B. Riber, MD

EBR/lw

c: Jeanne Bearde via fax 345-6627

DICTATED BUT NOT READ

Palmetto Pain Management, LLC - Ezra B. Riber, MD - 2601 Laurel St., Suite 130, Columbia, SC 29204
Office (803) 779-3263 Fax (803) 779-3207

DATE: 8/15/01

PATIENT: Ted Polansky

CHIEF COMPLAINT: BACK PAIN AND PAIN IN BOTH LEGS

HISTORY: Mr. Polansky is here today for follow-up. He is a 44-year-old gentleman that I have been following for the past three months or so. Diagnoses include right lumbar radiculopathy, left lower extremity RSD and back pain, secondary to facet joint syndrome. I first saw him on 4/27/01 at the request of Dr. Robert M. Peele, Jr. at Midlands Orthopedics. We have attempted specific treatment aimed at the various problems including selective nerve root injections at the right L5 level. At first these seemed encouraging. Then, a left lumbar sympathetic block was carried out. However, he now has no residual benefit and is on quite a few different medications. He continues to have low back pain that we have not even begun to address. His injury is from a work-related fall that occurred almost two years ago. He is seeing Dr. Forsthoefel, a psychiatrist and is doing well in this regard. He is accompanied today by his case manager Ms. Jeannie Bearde.

I had a long discussion with the patient, his significant other and Ms. Bearde, at this point, I would not continue to direct specific treatment at the three main areas of discomfort being, both lower extremities, with two different problems and the back pain. This is further complicated with further RSD like/sympathetically mediated symptoms in the right lower extremity.

PAST MEDICAL HISTORY:

Medicines: OxyContin 20 mg b.i.d., Neurontin 600 mg t.i.d., Skelaxin 400 mg q.i.d., Vioxx, Wellbutrin, Effexor, Depakote and Desyrel.

DIAGNOSIS:

1. NEURAL FORAMINAL STENOSIS, RIGHT L5-S1.
2. RSD LEFT LOWER EXTREMITY.
3. CHRONIC BACK PAIN, PROBABLY FACET JOINT/DEGENERATIVE DISK DISEASE RELATED.

PLAN:

1. At this point, I would recommend a trial with spinal cord stimulation. The percutaneous trial was discussed in detail and the patient was given a videotape with descriptive literature. I explained to him that this is a last resort pain control method that could conceivably cover all the effected areas. Also, it would be hoped that if the

CONTINUED ON PAGE 2

Palmetto Pain Management, LLC Ezra B. Riber, MD 2601 Laurel St., Columbia, SC 29204
Office 779-3263 Fax 779-3207

modality was helpful, that we could wean him off, at least some if not many, of the medications that he is on. He understands that permanent implantation will follow only an overwhelmingly successful trial.

2. I would also like to speak with Dr. Forsthoefel to insure that Mr. Polansky is a reasonably good candidate for a potentially implanted device before we commence with the trial.
3. The patient will get back to me as well as the case manager regarding approval for the above.
4. Should the trial be successful, I will ask Dr. Ross Lynch to see the patient for consideration of permanent surgical implantation of the device.

Ezra B. Riber, MD

EBR/lw

c: Dr. Robert M. Peele, Jr. via fax 253-6676
c: Dr. Ross D. Lynch via fax 253-6676
c: Jeannie Bearde via fax 345-6627

DICTATED BUT NOT READ

RECEIVED

DATE: 8/1/01

PATIENT: Theodore Palansky

CHIEF COMPLAINT: PAIN PARESTHESIAS BOTH LEGS

HISTORY: Mr. Palansky is here today for follow-up. He continues to enjoy good relief in the right lower extremity with respect to the preselective nerve root block pain. This was felt to be from the spinal stenosis at L5-S1. The headaches have no dissipated and he is perhaps a little better since increasing the Neurontin but did feel sedated which is not unexpected. I asked him to now go back to the original dose prior to the recent flare up. His complaints are otherwise unchanged.

DIAGNOSIS:

1. RSD LEFT LOWER EXTREMITY.
2. LUMBAR SPINAL STENOSIS WITH RIGHT LUMBAR RADICULOPATHY, ESSENTIALY RESOLVED.

PLAN:

1. Schedule left lumbar sympathetic block under fluoroscopic guidance.
2. Treatment options following the sympathetic block will depend on his response but, may include neurolysis for long term relief.
3. The patient's internist has left the practice that he was seeing and he asked me to arrange for him to see a new family physician. We will make some recommendations.
4. Continue current medications.

Ezra B. Riber, MD

EBR/lw

c: Dr. Robert M. Peele, Jr. via fax 253-6676
c: Jeanie Bearde, RN CAT Inc.

DICTATED BUT NOT READ

DATE: 7/27/01

PATIENT: Theodore A. Palansky

CHIEF COMPLAINT: PAIN AND PARESTHESIAS BOTH LEGS

HISTORY: Mr. Palansky was worked into our schedule today. He underwent a selective, right L5 nerve root injection under fluoroscopic guidance approximately ten days ago. The good news is that this has nearly completely relieved him of the original pain in the right lower extremity. Unfortunately he is complaining of a flare up of symptoms consistent with the RSD in the left lower extremity but also now effecting the right leg. He reports that his pain, at times has been modeled and feels cool and that this developed following the right-sided selective nerve root injection. He also had a headache for several days and this has not dissipated. He is clear however, that the radicular pain that he described in the right leg is now gone. With his complaints considered, I asked him to come in today to be examined.

CURRENT MEDICATIONS: OxyContin, Neurontin, Vioxx, Luvox, Paxil, and Elavil. Skelaxin and Ambien p.r.n.

PHYSICAL EXAMINATION: He is awake and alert. No acute distress. Accompanied by a significant other. Grossly, there is no difference in the appearance of the lower extremities as compared with the previous visit. The peripatellar areas appear somewhat dusky, otherwise the skin is warm and dry. Strength is preserved. Peripheral pulses are palpable. I explained to him that I was concerned about an acute vascular event based upon his description over the phone. My assessment is now, that somehow with the neural blockade procedure, we have stirred up the RSD-like symptoms. With cross over in the sympathetic chain possible, my intent would be to break the cycle that he has entered with short-term increase in medications.

DIAGNOSIS:

1. RIGHT LUMBAR RADICULOPATHY NEARLY RESOLVED WITH TWO SELECTIVE RIGHT L5 NERVE ROOT INJECTIONS.
2. PERSISTENCE OF RSD SYMPTOMS, PREDOMINANTLY IN THE LEFT LOWER EXTREMITY.

PLAN:

1. Increase Neurontin, particularly the nighttime dose since he is sleeping poorly with frequent interruptions. He was given specific instructions on dosing and side effects.
2. He will remain on his other medication.
3. I encouraged him to look at the positive effects and would recommend proceeding with a left lumbar sympathetic block depending upon our ability to control this flare up.

CONTINUED ON PAGE 2

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4. With the pathways considered, a left lumbar sympathetic block may actually calm down the symptoms in both lower extremities but, hopefully will be diagnostic for the left lower extremity and offer us a long term solution such as neurolysis with Phenol or radiofrequency.
5.

Ezra B. Riber, MD

EBR/lw

c: Dr. Robert M. Peele, Jr. via fax 253-6676
c: Jeanie Bearde, RN CAT Inc.

DICTATED BUT NOT READ

DATE: June 18, 2001 PATIENT: Theodore Polansky

CHIEF COMPLAINT: Back And Leg Pain

HISTORY: Mr. Polansky is here today for follow up. He is a 44-year-old gentleman that I have been following at Midlands Orthopaedics. Diagnoses include RSD, left lower extremity with neural foraminal narrowing at L5-S1 on the right with lower extremity radiculopathic pain. He did not respond to an epidural steroid injection or to a selective right L5 nerve root injection, the latter of which surprised me. I had discussed with him and the case manager, Ms. Beard that there is an inherent failure rate with this type of percutaneous interventional procedure. We have a limited number of options here and I would recommend repeating the selective right L5 nerve root injection under fluoroscopic guidance. Perhaps we will use a more oblique or a transforaminal approach and attempt to elicit a mild paresthesia although we usually do try to avoid this if possible.

MEDICATIONS: OxyContin 20 mg b.i.d., Oxycodone prn break through pain.

DIAGNOSIS:

1. Neural foraminal stenosis L5-S1 on the right.
2. RSD left lower extremity.
3. Possible facet joint syndrome.
4. He is not considered a surgical candidate at this time.

PLAN:

1. Repeat right L5 nerve root injection under fluoroscopic guidance.
2. Refill OxyContin 20 mg b.i.d.

(CONTINUED ON PAGE 2)

PLAN CONTINUED:

3. Treatment options include a selective left lumbar sympathetic block with recommendations to follow depending on the quality and duration of pain relief, if any at all.
4. Trial with percutaneous spinal cord stimulation and/or long-term opioid treatment are last resort options.

Ezra B. Riber, MD

EBR/agw

C: Robert M. Peele, Jr., MD

DICTATED BUT NOT READ

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polensky Date 2/2/2015

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anx			✓		
anx/pain			✓		
neg impact chr pain				✓	Pain increased
cognitive impairment				✓	
low activity/ soc iss				✓	

Treatment provided** Pt grief for dog - Cannot do much b/c of T pain, Forgetting

Treatment planned*** normal activity - Discuss compensatory strategies - Cog rehab Continue PE b/c adaptive coping neg cog set

Current/Changed medications**** same See Reher / Fontaine E/S,

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJJ Signature/Initials Printed Title

P 341

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polensky Date 8/5/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / hopeless			✓		
anx / pain			✓		
neg impact chronic pain				✓	
Sor esp / low activity			✓		
adh / Cog ST mem skills			✓		

Treatment provided** Not able to comprehend adty letter, give to Mgt Grid - Unable to cope w/ pain & Cog impairment - Discuss Cognitive Behavioral compensatory strategies E/S/V

Treatment planned*** adaptive caps

Current/Changed medications**** same See Functional / Abil

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Very sore tried to help gardening but cannot participate due to pain - Sob now - can barely walk

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 342

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 1/2/2015

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/ mania				✓	
anx/ panic				✓	
cognitive impairment				✓	desires ways to remember TL
neg impact Chronic pain					✓✓ Cancel

Treatment provided** Pain level in RSD leg - Neg cog set compensating not get out of bed until 3

Treatment planned*** strategies + Cog reframe - E/S/L Continue PR behavioral adaptive cop

Current/Changed medications**** Same See Fentanyl / Relafen

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJJ
Signature/Initials Printed Title

P 343

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 1/12/2015

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
Dep/mania			✓		
anx/panic				✓	
neg impact chronic pain				✓	
Cog impairment				✓	forgetting many things

Treatment provided** Discuss compensatory strategies for Cog impairment - Pain in (R) knee so hard to bend as knee is due to (L) leg - ERS / Cortisone Blindsight Cognitions neg cog of - Continue to build adaptive cog

Treatment planned*** Same

Current/Changed medications**** See Fourteen / Reden

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Hearing March 6 for Work Comp

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 1/15/2015

Duration 90 75 60 ~~50~~ 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/mania			✓		
anx/panic			✓		
cognitive impairment				✓	forgetful
neg impact Chronic pain				✓	

Treatment provided** Friend LP w/ pneumonia Stress up & pain increased Very forgetful Discuss

Treatment planned*** compensatory skills, Cog rehab Continue to build adaptive coping E/S/R

Current/Changed medications**** Same See Fentoefel/Relax

Prognosis: θ Guarded ~~θ Improvement~~ θ Recovery ~~θ Fluctuating~~ θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P345

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polensky Date 2/2/2015

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep/anx			✓			
anx/pain			✓			
sig impact chronic pain				✓		Pain increased
cognitive impairment				✓		
low activity/ soc isol				✓		

Treatment provided** Pt + grief for dog - Cannot do much b/c of pain, Forgetful

Treatment planned*** normal activity - Discuss compensatory Strategies - Continue to build adaptive coping strategies - Cog rehab set

Current/Changed medications**** same See Rehab / Fantapel ltr.

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: C Jonet Signature/Initials Printed Title

P346

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polansky Date 11/10/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
Dep/mania					✓
anx/pain					✓✓
cognitive impairment					✓ Consult
neg impact Chronic pain					✓✓ regular phone & ordinary

Treatment provided** Work Comp hearing coming - Has medication on Wed - Hopeful treatment OK

Treatment planned*** Anxiety = 7 pain level - Anx reduction Continue to build adaptive coping methods discussed

Current/Changed medications**** same See Relapse Factors Decrease warfarin

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** _____ Refuse E/S/V

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teel Polevsky Date 2/9/2015

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
AH					✓ a lot more
nightmare					✓ than before, does not fit what is going on
dep/anx			✓		
cognitive impaired/ neg impact character					✓ forgetful, dreams, seeing classes ✓ migraine headaches 5 days in a row

Treatment provided** Pt burdened by problem abuse, negative cog set, cog reframe E/S/V Log hurdles for

Treatment planned*** Continue to build adaptive coping

Current/Changed medications**** ↑ Geodyne See Fantoefel / Relax smoothie

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Dreams Nightmares Voices all increased

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 348

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Joel Polansky Date 12/30/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/manic				✓	
anx/pain				✓	
neg impact chronic pain				✓	
cognitive impairment				✓	

(R) leg read, killing nerve & RSD so bad w/ cold

Treatment provided** Stress from Holidays exacerbates chronic pain & cognitive impairment

Treatment planned*** Very forgetful & Gail gave device Continue to Cog reframe E/S/V for x mos D helpful what he has learned adaptive copy

Current/Changed medications**** same See Fantoefel / Reber

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJ _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polenski Date 1/26/2015

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/mania			✓		
anx/panic					
neg impact chronic pain				✓	Leg & Neck
cog impairment - need to compensate for isol/inactivity					

Treatment provided** Pain level increased - Went to Dr Stanislaus Friday - Pain is more, Now running all the time - Since Dec 14 6 headaches from stress - Cog therapy adaptive coping neg cognitive set

Treatment planned*** Continue BT build same See Fentanyl / Relax F/U

Current/Changed medications****

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJJ _____
Signature/Initials Printed Title

P 350

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polanty Date 12/1/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx/panic			✓		
alts/Cons/STmemstills				✓ forgetful	
neg impact Chemo fam					✓ ✓

Treatment provided** Grief tx - Pain in Thanksgiving endeavors - Pain so intense - Pessimism

Treatment planned*** Cog reframe t/s/t Continue to build adaptive coping

Current/Changed medications**** same See Fentanyl / Relpax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** grieving loss of Mother

Person completing this form: C. J. _____ _____ _____

Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polansky Date 11/19/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / manic					✓
anx / panic					✓✓
neg impact chronic pain					✓✓
attn / conc / ST memory / Cog impairment					✓✓ forgetful

Treatment provided** Had to cut training day - Not sleeping & increased pain - Accepting loss - Cog reframe neg Cog set E/S/L

Treatment planned*** Continue to build adaptive coping

Current/Changed medications**** same See Fandrafel / Relpax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** Botox Surgery Friday

Person completing this form: CJ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polinsky Date 10/8/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep/mania				✓		depression increa
anx/panic				✓		
neg impact/chronic pain					✓	dt = pretty severe
soc iso/low activity			✓			had problem w/ stim
Cog impairment				✓		targetting ordinary things

Treatment provided** Pt struggling to cope w/ daily life challenges - Pain & Cognitive Impairment E/S

Treatment planned*** Continue to build adaptive coping

Current/Changed medications**** same See Fentanyl/Relpax - just ha Relpax need Check

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ _____ _____
Signature/Initials Printed Title

P 353

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polansky Date 10/15/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/mania				✓ → ✓	More depression
anx/panic				✓	was w/ grp of guys who died about
Cognitive impairment			for awhile & things	✓	delusions by comparison
neg impact chronic pain					✓ hunting a job Lit labels

Treatment provided** P+ feels of problems functioning in many areas of his life due to high levels of pain & cognitive impairment

Treatment planned*** Continue & build adaptive coping Cog rehab ± I/S/L

Current/Changed medications**** same See Relax/Fam to help

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P354
360

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polanchyk Date 10/21/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx/panic				✓	
Cognitive impairment				✓	
negative impact chronic pain				✓	

stimulator stopped working

Treatment provided** Stimulator not working at all
Cog b/c cannot work at all - Had to accept circumstances - Plan

Treatment planned*** Continue bimod adaptive cog; level of cog returns t/s/c

Current/Changed medications**** same See Fordtapel / Rabe

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P355
361

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 11/4/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anxiety				✓	
anx/panic					✓✓
neg impact chronic pain					✓✓ + mitrex for pain
Cognitive impairment				✓	✓ res Fangelfel
Social/work activity				✓	

Treatment provided** 15 years suffering w/ worries @ Work Comp - New anxious

Treatment planned*** w/ Court Case & pain level has increased - Sleep per

Current/Changed medications**** Continue to build, Cog reframe negative thoughts ETS, Sleep per adequate Cipro same See Fankoefel / Relax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P356

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polanesky Date 9/23/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/panic			✓		
neg impact Chronic pain			✓		
Cog impairment				✓ cannot multiply 8 x 5	

Treatment provided** Pt holding his own right now but sleep is poor & pain is high - Mood

Treatment planned*** it hard to function - Very demanding Cog rehab 1/5/15 Continue to build adaptive coping skills

Current/Changed medications**** See Relief / Fentanyl

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** May euthanasia not get

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P357

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 8/25/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					✓✓ very depressed
anx / pain			✓		
neg impact Chronic pain				✓	
Cog impairment				✓	

Treatment provided** Pain level increased. Very upset cannot cope, Hard to concentrate. Very

Treatment planned*** Stressed - E/S/V Cog-behav

Continue to build adaptive coping

Current/Changed medications**** same See Reliev / Fentanyl

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Very upset @ dog's deterioration

& impending death

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P358

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Palenske Date 9/2/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx / panic				✓	
Cog impairment				✓	very poor attn today
neg impact chronic pain				✓	

Insomnia

Treatment provided** Court hearing delayed - V of S reopened Worry & wait, Increased depression, Def

Treatment planned*** Dying, Worry re: F's mental health & rat reps, Pain level ↑ Continue to build adaptive coping Cog/Insane ↑ 5/L

Current/Changed medications**** same See Footsheet Refer

Prognosis: θ Guarded ✓ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 359

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 9/10/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx/panic				✓	
Cog impairment			✓		
neg impact chronic pain				✓	

Continues deconditioned & hopeful - must compensate

Treatment provided** Pain injection, continue w/ sleep Coping & Physical tx 2 weeks Back on 3rd week - Causing more pain - Acceptance

Treatment planned*** Continue to build adaptive coping Cog reframe - E/S/L

Current/Changed medications**** same See Relief/Functional

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Dog in process of dying - Vet caught up in this

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 360

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Neel Palanday Date 9/16/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures*

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anx					✓
neg impact choice pain					✓ Counsel re
cog impairment					✓ call sleep
anx/pain					✓ consult 2x to see when appt
sa ideation/low activity					✓ need to do anything

Treatment provided** Pain kept him up all night
dog day poorly, went out to dogs - Counsel
handle ordering stress due to

Treatment planned*** Continue to build. hyperbolic pain Counsel
adaptive coping Cog distortions

Current/Changed medications**** See Fentanyl / Rehab

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 8/14/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / irrit			✓		
anx / panic			✓		
neg impact thoughts				✓	
Cog impairment				✓	
Soc isol / inactivity				✓	

Treatment provided** Upset in waiting for court hearing - Will things be OK - Pain so bad all the time - Cry

Treatment planned*** for future Health - Pain so bad Continue to build adaptiveness

Current/Changed medications**** Same See Relax / Fentanyl 8/5/L

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P362

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 7/29/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/mania			✓	thoughts racing	
anx/panic				✓	seem hypomanic
leg impact chronic pain			✓		
attn/conc/ST memory pain					✓ cannot
soc iso/low activity			✓		remember

Treatment provided** Pt says he slept last night but he seems to have racing thoughts & pressure of speech

Treatment planned*** Crying for fear of loss of client & Agitated Continue to build Discuss relaxation + exercise adaptive coping

Current/Changed medications**** same See Fantapfel / Relax E/S/L

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** dog deteriorating, keeps falling Upset re delivery mistake for new appointment

Person completing this form: C J Signature/Initials _____ Printed _____ Title

P 363

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polensky Date 7/22/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/mania				✓	
anx/panic					✓ ✓
neg impact chronic pain			✓		
soc iso/low activity			✓		
attn/conc/ST mem skills					✓ problematic

Treatment provided** Very groggy - case stuffed up - Anx levels up - Discuss methods for managing anxiety. Cog reframe E/S/L

Treatment planned*** Continue to build adaptive coping

Current/Changed medications**** Same See Fentanyl / Keto

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** EGD scheduled right after this MD appt - Took Pseudofed 6 (Stuffed up - Discuss importance to call MD bf procedure

Person completing this form: CJJ Signature/Initials _____ Printed _____ Title

P 3:64

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 7/15/2021 8

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / mania			✓		
anx / panic			✓		
soc iso / low activity			✓		
diso / conc / STM			✓		

neg impact chronic pain

Treatment provided** Neg cog set re: chronic pain - double mountain, grade

Treatment planned*** Get some chore done - Pride. Build adaptive coping in self

VV Scan Refer (Mike Adjusted Stimulator ✓ cog response ✓ (S)

Current/Changed medications**** same See Fontaine / Reha

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** I was IP 2 days

On completing this form: _____ Signature/Initials _____ Printed _____ Title

P365

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 7/3/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anxiety					✓ insomnia
neg impact chron pain					✓✓ bc Percocet
anx/panic			✓		shocker cyst down
concen/decr activity				✓friend	malfunctional for continuous
attn/conc/ST mem prob			✓		out of town shock

Treatment provided** Pt feeling more depressed due to increased pain Cog reframe neg cog set

Treatment planned*** Continue OD build adaptive capacity ELSLV

Current/Changed medications**** ↓ Percocet 120714 90607465

See Below

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 366

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Tool Polensky Date 6/24/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx / panic					V.V intense
stds / conc / Sx mem prob					nightmare
Soc iso / leadership					
neg impact chronic pain					V.V

Treatment provided** Had procedure by Riley for migraine - which caused a migraine - did not do scheduled

Treatment planned*** ECP & RSD not attend the peri Continue to bird Ready bad nightmare - wake up screaming adaptive coping Distress tolerance - Coping strategies

Current/Changed medications**** Same See Fortaleza / Riley E/P/L

Prognosis: ~~Guarded~~ ~~Improvement~~ θ Recovery ~~Fluctuating~~ θ _____

Notes ** Friction w SO bc - too depressed & in pain to keep up w/ chores

Person completing this form: CJ
Signature/Initials Printed Title

P 367

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 5/20/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/mood			✓		
anx/panic				✓	
attn/conc/ST memory prob				✓	lost bill/bk
obj impair (trans per					✓✓ squirrel

Treatment provided** Lost some contents in bill/bk
does not know how he lost - Discuss Compensatory strategies

Treatment planned*** Discuss sleep hygiene
Continue to build adaptive coping
5/15/14

Current/Changed medications**** same See Rolen/Forsthoefel

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 368

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Joe Polansky Date 5/27/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depr/anx				✓	
anx/panic				✓	
attn/conc/STmem problems				✓	
neg impact chronic pain				✓	

Treatment provided** Psychoeducation, hard to cope, poor sleep. Discuss safety & prevent falling, take Ambien when get in the bed

Treatment planned*** Continue to build adaptive coping

Current/Changed medications**** Same. See Fambuspirone / Relafen EL 5/14

Prognosis: θ Guarded ~~θ Improvement~~ θ Recovery ~~θ Fluctuating~~ θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 369

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polensky Date 5/13/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code# 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep/anx				✓		↓ Sleep
panic				✓		
tha/Cone/STmemory				✓		
socisa/leisure activity			✓			
copy				✓		

Treatment provided** very upset bc dog dying
pain interfere w/ sleep & concentration

Treatment planned*** Continue to build adaptive coping
Rec'd to take E/S/V

Current/Changed medications**** same See Fourtroefeld / Reher

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 370

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polansky Date 5/6/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx / panic					✓✓ varies throughout
neg impact chron pain				✓	squirms
conc / attn / ST mem				✓	w/ pain
So iso / low activity impairment				✓	

Treatment provided** a lot a fatigue
Rarely having heart surgery - day

Treatment planned*** determination - Vocational
Continue to build Discuss anxiety / E/S/L
adaptive coping

Current/Changed medications**** same See Rebar / Forsthoefel

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 371

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 5/1/20 14

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx / panic					
neg impact / chronic pain					
attn / conc / ST mem problems / irritability					

Treatment provided** Pt upset w/ poor concentration & ST memory loss - Discussed coping strategies

Treatment planned*** Continue to build tolerance to Topamax Perocette adaptive coping

Current/Changed medications**** Effexor 150 mg See Fintaepil / Celexa

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: C. Jonet / _____
Signature/Initials Printed Title

P 372

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Joel Pokorny Date 4/22/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/mania			✓		
anx/panic			✓		
neg impact chronic pain sx iso/low activity				✓	✓✓ worse as Fall

Treatment provided** Sleep wake hygiene - Very sore have to move, fell last night. Discussed & Continued to build adaptive coping/impact on life

Treatment planned*** _____

Current/Changed medications**** Same See Forsteel/Relax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 373

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polansky Date 4/8/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
neg input chronic pain					✓
attn / conc / str resp prob				✓ distractible	
SO iss / low achievs					✓ limited

Treatment provided** Many somatic complaints exacerbated by pain

Treatment planned*** by pain = Neg Cognitive Set - Cog reframe
Continue to build adaptive coping

Current/Changed medications**** same See Fontaepel / Relia E/S/L/V

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Day falling when going badly

Person completing this form: _____ _____ _____
Signature/Initials Printed Title

P 374

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 4/1/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anxiety				✓	
anx/panic			✓		
insomnia					✓✓ nodding off to sleep during session but sleep during OK
neg mgmt Chronic pain attention/Concen ST memory prob - forgot meds today - Sat stuck!				✓✓	

Treatment provided** ✓ Can barely walk Pt living a lot pain w/ ADL's

Treatment planned*** cannot remember what he is doing Discuss w/ PCP to S.O. after? Continue to build adaptive coping skills and Compensate Cog rehab

Current/Changed medications**** Same . See Farnsoefel/Reler attached

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** big spot red w/ black dot will eat head worried about eye also problem w/ esophagus - A1L unusual kidney chronic pain

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P. 375

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 3/26/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep/trauma			✓			
pain				✓		
neg impact/cognition				✓		content pain = pain clay
cog impairment				✓		

Treatment provided** arrives late, confused, but able to drive; reg worried @ eye surgery

Treatment planned*** Forget 2 days worth of meds — Cont to see Lucas out of vision — Decision methods vs. Compassion for ST memory loss

Current/Changed medications**** See Fentanyl / Relax Contact - for Isolated Build adaptive same Eye

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Upset b c eye surgery messed up peripheral vision

Person completing this form: _____ CJ _____ _____
Signature/Initials Printed Title

Preston McDaniel
McDaniel Law Firm
1315 Elmwood Avenue
Columbia, SC 29201

October 16, 2013

Dear Mr. MdDaniel:

I have been informed that my patient, Ted Polansky, may be in the position of being once more asked to undergo extensive and stressful neuropsychological and psychological testing. This is one of many repeated tests over the extra ordinate delays in effectively and fairly compensating his Workman's Compensation case. My concern is not only the long drawn out process to resolve this claim, the reasons for which seem inexplicable to me, and that Mr. Polansky is stressed day in an day out by the pressure of not having his life situation resolved. This is a matter of financial survival for a very debilitated human being who suffered a fall at work and the ramifications thereof that have rendered his life narrow in scope and ridden with physical pain that he can barely tolerate.

Mr. Polansky is quite fragile and reactive to stress, whether big or small. Just this summer, he experienced a paranoid episode in which he was observing large numbers of cars following him when he left the house, and I was concerned for his safety lest he drive erratically to find circuitous routes to avert the cars he thought he saw. This has abated at present, yet it is an example of how fragile and easily decompensated he is by provocation. There may have indeed been a car following him here or there along the way, as is standard procedure with Worksman's Comp, but obviously his reaction was hyperbolic and put him in harms way for safe driving. Mr. Polansky maintains a tedious balance in being able to function day by day with the cognitive deficits, emotional distress, and intense physical pain that he suffers.

My concern is that the additional stress of being subjected to even more testing that has already been done repeatedly, which seems preposterous to me, would add another level of stress to his life and could lead to *life threatening reactions* on his part. Suicidal ideation is always there as an option in his mind to escape the pain that he suffers, and feeling put upon for what would otherwise seem to be unnecessary and arduous test procedures by a total stranger, could be enough to lead to another severe decompensation at best, or even worse as described.

I will ask those concerned carefully consider the necessity and ramifications of repeated and, what he experiences to be, torturous test procedures, within the context of his welfare and potential harm to a fragile and tenuous level of functioning.

Sincerely,

C. Jean Jonet PhD.

C. Jean Jonet, PhD.

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C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 3/16/20 1 4

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/manic				✓	
panic			✓		
Cog impairment - attn/conc/ST mem				✓	

Can't get anything done

Treatment provided** Radiofrequency Surgery - Hopeful for good outcome - Pain is tolerable from RSD

Treatment planned*** Practice Mindfulness - Accept Continue to build adaptive Coping Cog Reframe 7/15/2

Current/Changed medications**** Same See Fentanyl / Relafen

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P378

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Bob Young w/Dorothy Date 3/26/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 75 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/manic					
family stress					
temper					
cog confusion					

Treatment provided** _____

Treatment planned*** _____

Current/Changed medications**** Same See BCS

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 379

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Bob Salley Date 3/26/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx / panic				✓	
neg impact chronic pain				✓	
soc isol				✓	

Treatment provided** Cranial weight - 20# - last 30 - 10 pounds + 6# surgery

Treatment planned*** Consider deep tissue MG for pt & H asst living

Current/Changed medications**** same See BCS

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Mother's intern feel - She must have surgery - Rout will look into kidney transplant & his mate w/b eval for kidney transplant

Person completing this form: _____ _____ _____
Signature/Initials Printed Title

P 380

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 3/1/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly (2) 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
neg cognit / chronic pain			✓		
sleep / conc / ↓ energy			✓		

Treatment provided** Maintaining but still so much sleep disturbance due to chronic pain

Treatment planned*** pt neg cognitive loop - continue to build adaptive coping

Current/Changed medications**** Same See Forefeel / Keller

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Chronic pain so debilitating in every aspect of life

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 381

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 3/4/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx				✓	
neg impact Chronic pain				✓	poor sleep
attn/conc/memory probs					✓✓

Treatment provided** Pt focuses on methods to compensate for forgetfulness - last Rep

Treatment planned*** Last watch - has new smart phone - Maybe to compensate

Continue to build adaptive coping

Current/Changed medications**** same See Fentanyl Low SE E/S/L

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 382

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 2/26/20 1 4

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.4

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					vv Nightmare
anx / panic				✓	
neg thoughts / chest pain					vv Insomnia!
etoh, Cone, ST man skills					vv Lost car keys, shed, phone, wallet

Treatment provided** Broke hand b/c became confused & dog in the dark disoriented fell, leash 2x spiral. Treated head & 2 fingers splint

Treatment planned*** mental confusion = fall = broke hand Continue Rebuild Cognitive Coping adaptive

Current/Changed medications**** Han See Fenofibrate E/S/V

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Bad dreams: Wakes up Terrorized Upset b/c Work Comp not supporting meds

Person completing this form: _____ _____ _____
Signature/Initials Printed Title

P383

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 1/22/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep			✓			
anx/panic			✓			
neg impact chronic pain				✓		trying to get stimulator adjusted
soc isx/low activity				✓		
insomnia			✓ normal			

Treatment provided** Pt very discouraged re: chronic pain & problems w/ cog impairment - forgetfulness, trying to organize paradigm for CBT/MBCT

Treatment planned*** Continue to build adaptive coping skills (Elavil too)

Current/Changed medications**** See Facesheet/Refer Cog Rehab

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** dog doing OK
eye surgery for cataract helped

Person completing this form: CJJ
Signature/Initials Printed Title

P 384

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 1/15/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depr			✓		
anx/panic			✓		
eg impact chronic pain					✓ insomnia!
Cognitive impairment					✓ forgetting - Chronic tension at home

Treatment provided** Had cataract surgery, Dad help - Falls asleep while talking due to fatigue from insomnia due to chronic pain

Treatment planned*** Continue to build Endurance w/ S.O. due to forgetting Cog reframe - ECV adaptive coping

Current/Changed medications**** 2 + Elavil 1 Trazadone 12.5 See Fentanyl / Relpax Ambien CR

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: C J Signature/Initials _____ Printed _____ Title

P 385

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polansky Date 10/8/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					✓
anx / pain					✓
insomnia					✓
attn / conc / memory				✓	

Treatment provided** Pt not doing well - Very anxious, shifting in chair from pain - Seeing Relief

Treatment planned*** Remain on for pain

Continue TB behavioral adaptive coping - E/S/V

Current/Changed medications**** Elavil + See Fentanyl for insomnia

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** F 32 - Functioning well - But now 2D

2 dog's treated as family

Person completing this form: CJ
Signature/Initials Printed Title

P 386

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Palansky Date 12/12/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/panic			✓		
neg impact chronic pain					✓
Cog impairment/attn/conc/Stress					✓ Rambling

Treatment provided** Insomnia Due to chronic pain. Insomnia is greatly impeding functioning - Decreased

Treatment planned*** Discuss ways to sleep thru the night Continue to build daptive coping Cog reframe E/S/L

Current/Changed medications**** See Fentanyl/Celexa

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

rson completing this form: _____ Signature/Initials _____ Printed _____ Title

P 387

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Joel Polansky Date 12/11/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep					✓	
anx/panic				✓		
attn/conc/sl mem skills					✓	Falling asleep easily but not sleeping at night
neg impact chronic pain				✓		

Treatment provided** Migraine procedure w/ Dr Reber scheduled for next week - Very depressed d/d not getting to see Dr Reber

Treatment planned*** Continue to build adaptive coping 90791 - Diagnostic

Current/Changed medications**** same See Reber/Fondaparinux

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJ Signature/Initials _____ Printed _____ Title _____

P 388

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polanky Date 10/22/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					✓
anx/panic			✓		
pain/Cane/ST worsen neg impact chron				✓	✓ confirmed

Treatment provided** Having appt for cataract sx appt for neurologist - Pain level overall

Treatment planned*** Cog Beh re: stress, perceptions & optimism Continue to build adaptive coping CI5/V

Current/Changed medications**** started Effexor 50mg See Rebers / Farabee

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** not getting at home, ct is piling up again

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 12/4/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
Dep					✓ Lonias SI
anx					✓ somatic
neg impact Chronic pain					✓
Cath / Cort / ST hear probs					✓

Treatment provided** Plans to have euthanize dog Ronbley, Reorganized, Very upset - Cog reps

Treatment planned*** Grief work

Continue to build adaptive coping

Current/Changed medications**** Same See Refer / Fentanyl

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P 390

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 11 / 19 /20 13

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep				✓		
anx / panic				✓		
neg impact chronic pain				✓		Not sleeping
attn / conc / ST memory skills				✓		

Treatment provided** F had surgery - Rx OK - No cancer - Dog cannot make trip for Thanksgiving - May

Treatment planned*** have to wait & see if can go ahead to Costume Ball Discuss resp. percepts - CBT tx's IV

Current/Changed medications*** same See Fentanyl / Relpax adaptive capacity

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJJ _____
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 10/29/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx/panic				✓	
neg impact Chronic pain				✓	
atto/Conc ST Cog impairment				✓	

Treatment provided** Pt pain is overwhelming & caused to stress of elderly dog dying & pt is lost

Treatment planned*** probs = Neg percepts Cog reframe Continue to build adaptive coping Cog BT - w/ sleep meds

Current/Changed medications**** ~~None~~ See Tramadol Chart

Prognosis: θ Guarded θ ~~Improvement~~ θ Recovery θ ~~Fluctuating~~ θ _____ E/S/L

Notes ** _____

Person completing this form: CJJ _____ Signature/Initials _____ Printed _____ Title

89892

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 11/13/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx/pain					
dysfunctional limits from neg impact chronic pain					✓ muttering sleepy

Treatment provided** Had Urological procedure - F having Heard procedure, Dog has a seizure - Insomnia ↑ - Very

Treatment planned*** _____

Current/Changed medications**** + Aricept See Forstepel

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

PD393

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 10/15/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					✓
anx / panic					✓
insomnia					✓
neg impact chronic pain attitude / cog ef					✓

Treatment provided** tearful - doesn't feel is not doing well - may die - F just out of IP

Treatment planned*** pt has not been sleeping - Continue to build daily routine & behavioral activation hierarchy

Current/Changed medications**** on Elavil but not yet at therapeutic dose See Fruitful/Reber

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** CBT re: negative thoughts & beliefs

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

400
P 394

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polecsky Date 9/18/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Wed 9/25
Can ~~9~~ 10 or
10:30 or
~~Mon~~ Wed 10/2
after 10
Wed at 3C
after 10

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep		✓✓			
anx/panic		✓			
sleep better		✓ insomnia decreased			
neg import thinking			✓		

Treatment provided** Stability w/o Δ / stress is helping - Ideation I was only doing what I wanted to

Treatment planned*** Continue to build adaptive coping

Current/Changed medications**** same See _____

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ 3x

Notes ** F military - Maryland Germany 2x Virginia, PA, NY, S Colorado - 11 yrs of school, graduated early, married 12x

Person completing this form: CJJ Signature/Initials _____ Printed _____ Title _____

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polensky Date 9/11/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/anx				✓	
insomnia				✓✓	Falling asleep intermittent / while talking
attn/conc/ST mem skill				✓	✓✓ due to fatigue
neg impact chronic pain				✓	Gail drove him

Treatment provided** Depressed Dr Relias did Not see him physician, Trouble accomplishing anything, Trying to accomplish 2 things

Treatment planned*** Continue to build E/S/V every day but pain ↑ = ↓ sleep = ↓ work done adaptive Coping skills discuss

Current/Changed medications***: None See Relias / Fordsheet

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJJ Signature/Initials Printed Title

P 396 407

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polensky Date 9/4/2013

Duration 90 75 60 50 (45) 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx/panic/insomnia					✓ not sleeping
neg impact chronic pain					✓
attn/conc/ST memory impairment					✓ has problem w/ relaxing but even though has knowledge can't do it, for fear of ST memory impairment

Treatment provided** Feels very sick has migraine Pain so bad he can barely move to ambulate

Treatment planned*** Continue BA, Behavioral activation Cog Tx for deficits

Current/Changed medications**** same See Toniatrol

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Jeel Polansky Date 8/28/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 29654

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓	–	But mind race
anx / pain					✓ Sleep prob.
neg impact chron pain					✓✓ extreme due to pain
soc iso					✓ afraid to be around people bc of deficits & low SE

Treatment provided** adm / Cons / STM emphasis Low SE limits functioning due to

Treatment planned*** Feels abnormal - embarrassed CBT w: SE work

Current/Changed medications**** same See Fentanyl / Relpax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: C Jonet
Signature/Initials Printed Title

P 398

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polansky Date 8/14/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / manic			✓	OC	racing thoughts
neg impact Chronic pain					✓ keeps awake at night
attn / conc / STM problems				✓	
Socioso			✓		

Treatment provided** Pt very upset numerous health concerns, Cog Reframe - E/S/L

Treatment planned*** Continue to build adaptive coping

Current/Changed medications**** new med from Reber Fortabril See 8/14/2013

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

_____

_____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 8/7/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depr / manic					
anx / panic					
neg. impact Chronic pain					
attn / conc / STmemory prob					

Treatment provided** Pt feeling poorly - Chronic pain overwhelming - Cog reframe, exc & support

Treatment planned*** Continue to Build Adaptive Coping E/S/L

Current/Changed medications**** Same See Relief Sheet

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJ _____
Signature/Initials Printed Title

P 4/6/0

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polensky Date 7/31/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
paranoia		✓			
neg impact chronic pain			✓		

Treatment provided** Urging to sleep but stimulation keeps down so chronic severe insomnia. Very discouraged - Encouraged to continue to build adaptive coping

Treatment planned*** Cog Reframe adaptive coping E/S/V

Current/Changed medications**** working on med A's See Essentials / Referral

Prognosis: θ Guarded ✓ Improvement θ Recovery θ Fluctuating θ _____ due to chronic severe insomnia

Notes ** _____

On completing this form: _____ Signature/Initials _____ Printed _____ Title

P 407

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 7/3/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / mania			(		
anx / panic					
attn / Conc / Tangential / Pressure					
neg impact Chronic pain					

Treatment provided** Pt has broken wrist (R) Leg in brace Very thin & frail - Chronic pain very

Treatment planned*** Remodeling - Cog Beh Approach EI 5/+
Continue & build adaptive Copies

Current/Changed medications**** .5 mg See Fentanyl / Relax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 6/26/2013

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / pain			✓		
insomnia				✓	still not sleeping
attn / conc / strong neg impact				✓	✓ Jumps in pain

Treatment provided** Had to have brakes wrist reset
Cog restruc neg percepts & ↑ pain tolerance E/S/L

Treatment planned*** _____
Continue to build adaptive coping

Current/Changed medications**** same See Fontenelle / Reber

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Fractured Wrist - Seeing MD this pm

Person completing this form: _____ _____ _____
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polanka Date 6/19/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54 -

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / manic					✓ Manic ↑
insomnia				Pain 50 bad	✓ Poor thought
paranoia				✓	Poss of Special drug w/ sleep. Thought
attn / conc / ST memory				✓	

Treatment provided** Insight bldg re: ↓ sleep = ↑ paranoia
Also work on sleep hygiene

Treatment planned*** E/S/V
Cont to build adaptive capacity

Current/Changed medications**** Δ Sleep Med See Frontpage

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Meal Check last Thurs.

A/V/H = #'s of cars following him

→ 2 Geodon Δ Time of last dose #5

Person completing this form: _____ _____ _____
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note ~~422 9218~~ Gail

Name of client Teel Polansky Date 6/10/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep		←			
anx/panic		←			
attn/conc/STmem			✓		
paranoia		✓			

neg impact chronic pain ✓✓ stimulates constantly

Treatment provided** Pt less paranoid, may be followed by since -Scaring him - Shocked him

Treatment planned*** emphasize safe driving - E/S/L Continue to build adaptive coping

Current/Changed medications**** same See seeing Fantome

Prognosis: θ Guarded θ ~~Improvement~~ θ Recovery θ ~~Fluctuating~~ θ _____

Notes ** Pt better than last week - Gail back from her trip - less of crisis state

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P. 4105

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 5/29/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depr				✓	
anx / panic					✓
attn / conc / Sx mgmt impairment				✓	distracted, rambles, obsessive re: health
neg impact Asperger's					✓✓ Severe insomnia

Treatment provided** Very stressed, Cog impairment due to trouble staying in bed all night, very worried about age/day who may die soon

Treatment planned*** Continue CBT & Adaptive Coping Focus on staying in bed all night - Auto Surge 2/15/13

Current/Changed medications**** 2 Ambien See _____ per MD

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____ Due to severe insomnia

Notes ** Fosamax ?/ Pelvic

Person completing this form: _____ _____ _____
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polarsky Date 5/15/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / mania			denies SI		✓ appears
psychosis					✓ manic rate, thought
insomnia				erratic sleep	✓ paranoid, AH, believes,
pain					✓ he is being followed
attn / conc / ST memory					✓ perception for 5th stepping on blocks

Treatment provided** IP @ P+B last week for 3 nights due to excessive sweating - has varied dur

Treatment planned*** the day, I don't keep up w/ it, has denies command qualities

Current/Changed medications**** same See appt @ 9:45 AM

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____ w/ Farnsteel

Notes ** Comm w/ Farnsteel
Ally & Gail.

732-2593

Person completing this form: _____
Signature/Initials Printed Title

P. 1&7

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 5/22/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep - manic			labile,		still paranoid
anx / panic			✓		being followed,
insomnia			✓		multiple cars
neg impact chronic pain					✓✓ Casino

Treatment provided** 2 Ambien did not get to sleep, gets up in the night, continue to build adaptive

Treatment planned*** c/o Cael not leading her phone and E/S/V Avoid Except Deep Sleep all the time

Current/Changed medications**** ~~apap~~ same See Fentoclab - saw last week

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** 1 Ambien

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

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P.

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 5/15/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / mania			denies SI		✓ appears
psychosis					✓ manic racing thoughts
insomnia				erratic sleep	✓ pressured speech, AH's
pain					✓ he is being followed by pain clinic
attn/conc/ST memory					✓ perception for steps or tasks

Treatment provided** IP @ PH&B last week for 3 nights due to excessive spending - here varies during the day, I don't keep up w/ it, has denies command qualities

Treatment planned*** _____

Current/Changed medications**** some See appt @ 9:45 AM

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Commun w/ Fantasia w/ Fantasia
Ally & Gail

732-2593

Person completing this form: C Jonet
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teel Polansky Date 5/6/13

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
eng/pain neg input / chronic pain atta / Con / ST rem prob				hurts → insomnia	VV Very VV Irritable ✓ Lonely

Treatment provided** Woke up all night - Could not sleep
Has been falling asleep in shared

Treatment planned*** Plan at dinner Refills & stable
More moody - Cogtherapy - support
Continue Bupro & depressed
Current/Changed medications**** See Facetsheet & Poker
Copy same

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____ will see Thurs. Mon

Notes ** Seeing Dottie on Thurs
6 c month worsening -

Person completing this form: C. J. Jonet
Signature/Initials Printed Title

P. 1410

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 4/24/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic					✓ Agitated!
attn / conc / ST mem prob				✓	
soc iso / low activity					
neg impact chronic pain					✓✓

Treatment provided** Squirming in chair from pain, Less distressed w/ Relax but now upset @ work being done on his house & being stolen from - Discuss

Treatment planned*** Continue to build adaptive coping and See Forstoeful / Relax Anxiety Mgmt techniques

Current/Changed medications**** _____

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polensky Date 4/17/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					✓
anx / panic					✓
neg impact chronic pain					✓
attn / conc / ST mem					✓ Luminalene prob

Treatment provided** ~~Discussing Pt whether Dr Reber will see him - Talking to Fantroepel about it - Very upset - Needs new stimulator - Pain level~~ Costume & build Cog Rehame E/S/V Vg high

Treatment planned*** adaptive coping skills See Fantroepel / Reber

Current/Changed medications**** _____

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJJ _____ _____
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polarsky Date 4/3/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.5 x

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
neg impact chronic pain				✓	had appt for pain meds but no show
low activity / soc isol			✓		

Treatment provided** attn / conc / ST mem probs ✓ pt pain level 7 Muscle tx help w/ stimulator 7 RSD

Treatment planned*** Cog Reframe E/S/L Continue CB build adaptive cop

Current/Changed medications**** same See Reba / Forstoked

Prognosis: θ Guarded θ ~~Improvement~~ θ Recovery θ ~~Fluctuating~~ θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polandy Date 3/27/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep				✓		
anx/soc iso			✓			
neg impact Chronic pain					✓	sx exacerbation that cause extreme distress
attn/conc/ST memory probs			✓			

Treatment provided** Pt struggling w/ ↑ pain = ↑ insomnia & ↑ attn/conc/ST memory probs - Cog Reframing Low Morale

Treatment planned*** Continue to build adaptive coping E/S/V

Current/Changed medications**** Same See Benstead/Lebe

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJJ _____
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teel Polarsky Date 3/13/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
paranoia	✓	Able to reason it out.			
ACM prob				✓	Struggles w/ memory & pain
Neg impact chronic pain				✓	

Treatment provided** Reality testing, Neg cog set Addressed from KST w/ CBT-ELS | V

Treatment planned*** Continue to build adaptive Capacity

Current/Changed medications**** same See Fourteen / Poker

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ above Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 3/6/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep					✓	denies SI some
anx/panic					✓	paranoid ideation re: Gail threw out his things
attn/conc/SI new neg impact/chronic pain				very frustrated	✓	still struggles w/ pain from stimulator

Treatment provided** Pt having conflict @ home br nurse here is gone -

Treatment planned*** believes SO threw it out, then will not admit, very upset re: Continue to build adaptive coping

Current/Changed medications**** same See Fosamax duloxetine

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Suggest to bring SO next week

Denies SI but has been very upset EPS/V Cog referral

Person completing this form: _____ Signature/Initials _____ Printed alone Title

4/2/16

P. 208

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 2/27/20 13

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.5 x

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
Insomnia - Neg impact on basic pain attn / conc / STM a prob					VV due to ✓ severe pain from stimuli
anx / pain					↓ very ramifying disarray of cognition

Treatment provided** Pt learning difficulty functioning - Up all night w/ pain

Treatment planned*** Distress compensating strategies E/S Pt

Continue to build adaptive capacity

Current/Changed medications**** same See Reber / Fardoe Rep

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 2/20/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx / panic				✓	
attn / conc / STM sxs					✓✓ very distractible, rambling
adj impact chronic pain				✓	

Treatment provided** ~~Stimulator not working, has to have more surgery~~ Discussed ~~by discussing fatigue-stress in context of biobehavioral coping~~ related to - Cog rehab

Treatment planned*** ~~by discussing fatigue-stress in context of biobehavioral coping~~ related to - Cog rehab

Current/Changed medications**** See Forstoefel / Keller 7/5, same

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P.

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polenski Date 2/13/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx / panic				✓	
neg impact chronic pain sx iso / low activity					✓ ✓
attn / conc / ST mem probs				✓	

Treatment provided** ✓ meandering mentation Stabilizing pain sx back where there is scan from RSD stimula

Treatment planned*** Pt having conflict at home bc can't get anything done Continue to build adaptive capacity same See Fentanyl / Relpax Copy E/S

Current/Changed medications****

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** will see Relpax on Friday

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polensky Date 1/23/20 13

Duration 90 75 60 (50 45) 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			← a little more energy bc		
any/pain				✓ Mouth is better	
Cognitive impairment				VV	
neg impact Chronic pain				✓	

Treatment provided** Pt having more RSD pain Difficult to be optimistic in New Years b/c of ↑ pain & ↑ Cognitive deficits

Treatment planned*** Continue to build adaptive coping ↑/SIV - Cognitive Repair

Current/Changed medications**** same See Reben / Fentanyl

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P. 4/20

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teal Polansky Date 1/16/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depr				✓	
anx/panic					✓ Migraine
insomnia *					✓ ✓
neg impact/chronic pain					✓ ✓ ~~✓~~ this leads to relationship stress

Treatment provided** RSD pain has spread to foot leading to insomnia -

Treatment planned*** See V Hdf = "things comin at me d'right" & "flashes" Continue to build adaptive coping

Current/Changed medications**** same See Fanatopil/Lelia

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Pt feels very poorly, mouth discomfort has lost weight at 145# not sleeping ✓ Supportive tx & CBT re: negative thoughts & bldg of strengths ✓

Person completing this form: CJJ
Signature/Initials Printed Title

4/21
P.

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polenky Date 1/8/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx/panic					
attn/conc/ST mem, neg input ch in pace					

Treatment provided** tongue large, bleeding, Losing weight Cannot concentrate, Loss of

Treatment planned*** cog reframe, Change, Loss

Continue to Low Self-esteem Guilt, irritated

Current/Changed medications**** Buspar, Adderall XR 5mg See Fentanyl/Pelion

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ _____ _____
Signature/Initials Printed Title

P. 1187

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Cheryl Morgan Date 1/16/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly (2) 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # ~~309.9~~ No Dx

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 35 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx/panic					
PTSS Version					

Treatment provided** Discuss methods for coping w/ pain
Doing well - Thought of H but D.C.d
Treatment planned*** Encouraged to NOT purge
Continue to build distress tolerance skills

Current/Changed medications**** Seroquel See Primary Care

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** 12/25 1/1 1/15 - 3 - write down 3 pros
Pain in acceptance of back pain

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Becky Age Date 1/16/2013

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 (4) 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep		✓			
anx / panic		✓			
grief		✓			
soc iso / lack of activity		✓			

Treatment provided** Family get together for Holidays Jamie me, Dark & wife, Dane & Katie / adventure coping

Treatment planned*** Bldg optimism E/S/V Continue to build patterns & coping skills

Current/Changed medications*** Same See BCS

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Does Better not being able to control things

Person completing this form: _____ Signature/Initials _____ Printed alice Title

P. 45024

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Teo Polansky Date 5/22/20 1 >

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	Tearful - so desirous
anx/panic					vv Very sho
neg impact chronic pain					✓ hitting a lot
sor ass/low activity					✓ trauma AI
					✓ confusion

Treatment provided** AC Mprn Gail found me balled up in the closet, walking @ drill bits IDK - Confused taking abrupt breaths - Cannot read the paper anymore - E/S/L

Treatment planned*** Continue Mbital adaptive cop

Current/Changed medications**** same See Fentanyl / Relax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Pt ath day well - Very Thin -

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 5/17/2012

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / SI				✓	some SI, contract
neg impact chronic pain				✓	RSD neg pain fx
ACM problem					✓ very discouraging
soc iso / low activity				✓	
anx / panic				✓	

Treatment provided** Losing conception of time - Can't care schedule - Can't get at done, Gail c/g my being irritable but feels so much & gets discouraged Cog reframe - E

Treatment planned*** Continue Dbt skills/adaptive coping

Current/Changed medications**** Same See Fortuefil / Reber

Prognosis: θ Guarded θ Improvement, θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

P. 4826

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 5/8/2012

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
attn/con/ST mem					
neg impact chronic pain					
anx/pain					

Treatment provided** Pt doing poorly - Pain extreme, Thruout continuing - Neg attitude -

Treatment planned*** Cog reframe E/S/L Continue to build adaptive Copes

Current/Changed medications**** Same See Fentanyl / Relafen

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Palaschy Date 5/1/2012

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep / SI				✓		denies intent
anx / panic				✓		to would be moved so I am
low activity / focus				✓		
neg impact pain					✓✓	RSD - really

Treatment provided** Pt can barely cope, very low morale, withdrawn - "smarts" - Nav severe chronic & GI probs

Treatment planned*** Cog reframe, E/S/V
Continues to build adaptive coping

Current/Changed medications**** same See Forstoefel / Reber

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** has lost a lot of weight, very sick, much pain, cannot sleep, not doing well
severe constipation

Person completing this form: C Jonet
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polanesky Date 4/24/2012

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/pain			✓		
low activity/soc isol			✓		
neg impact chronic pain			✓		

Treatment provided** Pt upset w/ continued chronic pain from RSD - Does not know how to cope

Treatment planned*** Cope - Discuss "acceptance" of pain Continue to build adaptive coping as CBT

Current/Changed medications**** same See Fentanyl / Celebrex

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJJ _____
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 4/17/2012

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx/pain				✓	
neg impact Chronic pain				✓	Cry barely travel to bkup
low activity/sx isx				✓	

Treatment provided** Feeling more depressed & low activity - CBT negative perceptions reframed

Treatment planned*** Continue to build adaptive coping

Current/Changed medications**** same See Forstapel

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Work Comp not wanting to pay for psychiatric med - Rx Raradyne - Aricept Invitrex - except for med problem w/

Person completing this form: _____ (Signature/Initials) _____ (Printed) _____ (Title)

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polanchyk Date 4/10/20 12

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 29654

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep/SI				✓	
neg impact chronic pain				✓	
soc/iso/low activity					✓
anx/pain					✓

Treatment provided** Sx res at home bc RSD CBT & Attn/Conc/ST mem problems reduce his ability to contribute & receive criticism, Treatment planned*** Continue to build / Cognitive-Esk / pressures / hurts self-esteem, adaptive coping skills

Current/Changed medications**** See Reber / Fantasyland

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: CJJ _____ _____ _____
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 4/13/201~

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / SI				✓	
anx / panic				✓	→
soc / sol / low activity				✓	
neg impact chronic pain				✓	

Treatment provided** Very irritable, cannot think clearly, cannot do simple chore, even a task which he knew so well how to fix - Cog reframe

Treatment planned*** Continue to build adaptive coping skills Discuss coping for related Cog function

Current/Changed medications**** same See Relax / Forstadel

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ _____ _____
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 3/12/2012

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.58

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depr				✓	denies SI
anx			✓		
low activity					✓
soc isol					✓
attn/conc/ST memory disturbance					✓ ✓

Treatment provided** still thrush, weak, seems foggy
trouble getting out of chair

Treatment planned*** Call Eval E/S/V
Continue to build adaptive coping & Rx MD reinforcement D's - Cog rehearse

Current/Changed medications**** See Fentanyl - Sealant last week

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 2/21/20 12

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depr				✓	
and/panic				✓	
neg impact chronic pain sor iso/low activity					✓

Treatment provided** Thruch continues - All of health probs including RSD neu

Treatment planned*** stressful - Very thin, can see stimulator from skin, ribs, ELS/V Continue BBudel

Current/Changed medications**** adaptive copy same See Forsteopel / Reiter CBT

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Wanders still @ pain stressors too

Person completing this form: CJJ
Signature/Initials Printed Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Polansky Date 2/14/2012

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx / pain					
neg impact health problems					
soc iso / low activity					

Treatment provided** Has terrible case of the mush Very stressed by RSD - no better -

Treatment planned*** Has lost a lot of weight - Continue to build Paxil middle - Long acting

Current/Changed medications**** same See Forshaw / Keller

Prognosis: θ Guarded θ ~~Improvement~~ θ Recovery θ ~~Fluctuating~~ θ _____

Notes ** Many plumbing problems @ home - Finally able to drive

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST

Case Progress Note

Name of client Ted Palansky Date 2/7/2012

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep				✓		bl Fell RSDP
anx pain				✓		
neg impact chronic pain					✓✓	Thrush
sore ass / low energy				✓		sore mouth

Treatment provided** Pt very stressed out - Hard to track due to Thrush - Work being done at home & home upside down - Anx mgmt - CBT

Treatment planned*** Continue to build adaptive coping E/S/

Current/Changed medications**** same See Fentanyl / Relax

Prognosis: θ Guarded θ ~~Improvement~~ θ Recovery θ ~~Fluctuating~~ θ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

C. Jean Jonet, Ph.D.

LICENSED CLINICAL PSYCHOLOGIST #579

• 1320 Main Street • Suite 300 • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polanosky Date 1/31/2012

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					✓
anx / panic			✓		
neg impact chronic pain					✓
low activity / soc wd					✓
poor cognition					✓

Treatment provided** feeling very poorly - has been quite sick & RSD even worse, was tearful

Treatment planned*** to do follow up b/c seeks - desires Continue Rebuild Cog Reframe re: garage not fin, kitchen & bath plumbing replaced - adaptive coping

Current/Changed medications**** ΦΔ See Facesheet / Below

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** 4th day out of bed
Had testing stress & pneumonia -
RSD - is keeping me "

Person completing this form: _____ Signature/Initials _____ Printed _____ Title

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C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST #579
• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teel Polansky Date 12/20/11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased	Lessened <	No change =	Increased >	Much increased >>	
low activity/ sadness					✓	✓ cannot drive
dep and/panic			✓			
A C.M pain			✓			
neg wr past chronic pain					✓	✓ permanent medication
insomnia				✓	8/10	Communicati

Treatment provided** Pt feeling confused frustrated w/ ✓ has stimulate high

Treatment planned*** basic life functioning / targeting Continue to build adaptive coping Discuss ST memory / compensation

Current/Changed medications**** same See Fastofen / Relafen / EIS

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** _____

Person completing this form: _____ Signature/Initials Title

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495

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LICENSED CLINICAL PSYCHOLOGIST #579

• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Name of client Teel Pdunky Date 12/13/2011

Duration 90 75 60 50 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep / SI				✓	continues to appear fearful & report passive SI
anx / panic			✓		
social / interpersonal deficits			✓		
neg impact Obsessions			✓		

Treatment provided** Very discouraged he cannot drive - increasing difficulty w/ cognition thought blocking - V. dysfunctional

Treatment planned*** Continue to build coping & adaptive skills See Fahrenfeld / Reber 12/5

Current/Changed medications**** _____

Prognosis: ☐ Guarded ☑ Improvement ☐ Recovery ☑ Fluctuating ☐ _____

Notes ** _____

Person completing this form: _____ Signature/Initials _____ Printed _____ Title 12/13/11

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LICENSED CLINICAL PSYCHOLOGIST #579
1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510

Case Progress Note

Name of client Teel Polanecky Date 12/6/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 294.56

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
neg impact chronic pain				✓	
dep					✓
SI				✓	
Soc iso					✓

Treatment provided** PT doing good - pain from surgery still present

Treatment planned*** ablation - delayed Cortisone injection bc cannot drive

Current/Changed medications**** same See Prescription 12/5/11

Client is: θ Guarded θ Improvement θ Recovery θ Fluctuating θ

Notes ** no plan for suicide but contracts for safety

CPJ

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• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polendy Date 11/29/20 11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

IAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	dep & unstable
anx			✓		
neg impact/chronic pain				✓	6/10
low use/productivity				✓	more evaluated

Treatment provided** Consult done since surgery & pain still bad, somewhat tearful

Treatment planned*** Cog reframe - IE/SL
Continue to build adaptive coping

Current/Changed medications**** same See Fourteen p. 1 Folder

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

CJJ P. 1441

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• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polasky Date 9/6/2011

Duration 90 75 60 (50 45) 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

AF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx/panic				✓	
sor iso/lonesomely				✓	
neg impact chronic pain				✓	

Treatment provided** Poison Ivy! Mittwick blood in stool Isolating all labor day N level - Pain really bad sleeping a lot

Treatment planned*** Continue to build adaptive coping Mindfulness CBT re: pain mgmt

Summit/Changed medications**** Same See Fontaine/Bolen

Progress: 0 Guarded 0 Improvement 0 Recovery 0 Fluctuating 0 _____

Notes** _____

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C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST #579
• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polansky Date 8/23/20 11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 ; Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx / panic					
low activity / soc isol					
neg impact chronic pain				→ This is over 2	

Treatment provided** Holding his own - Waiting for surg enclap Sept - Released Virgin to work at

Treatment planned*** travel arrangements w/ Work Comp & they Continue to build won't pay for companion adaptive capacity

Current/Changed medications**** same See Fantacfel / Roller

Prognosis: θ Guarded ✓ Improvement θ Recovery θ Fluctuating θ _____

Notes** _____

P. 1163 600

Cox Rafram E/S/L

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• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polensky Date 8/12/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

AF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/panic			✓		
neg impact	chronic pain				✓✓✓
low activity/soc isol					✓✓

Treatment provided** Remnant of Fx'd L hip due to script controls - In a lot of pain - Mindfulness CBT re: pain mgmt

Treatment planned*** Continue to build adaptive coping & Fortaleza Rules

Current/Changed medications**** same See Fortaleza Rules

Prognosis: θ Guarded θ Improvement θ Recovery θ Maintaining θ _____

Notes** Surgery scheduled 9/27

C Jonet P.

C. Jean Jonet, Ph.D.
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• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

* Please Note: Pt is not able to travel to Colorado for surgery w/o assistance due to his level of incapacitation

Case Progress Note

Name of client Ted Polensky Date 7/22/20 11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

C Jean Jonet PhD

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/pain			✓		
soc iso/low activity				✓	- Encourage to get out
neg impact Chronic pain				✓	

Treatment provided** Pt is hopeful to get some help w/ surgery but also afraid it will not help, struggles to get through each day

Treatment planned*** Continue to build coping & adaptive capacity

Current/Changed medications**** same See Fentanyl / Relief E/S/V

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ

Notes** Deposition 7/28, Hearing 9/8
Got X-Rays on Mond
P. 2 of 2

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LICENSED CLINICAL PSYCHOLOGIST #579
1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510

Case Progress Note

Name of client Teal Polansky Date 7/15/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx / panic					
neg impact chronic pain					
soc iso / lower energy					

Treatment provided** Still waiting for X-Ray to get surgery - Delays very frustrating

Treatment planned*** Finding Cycle - Sometimes can't be found adaptive. Cog Reframe pain

Current/Changed medications**** Cog Some - See Fosamax, Ibu, Ca, E/S

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

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C Jon

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LICENSED CLINICAL PSYCHOLOGIST #579
1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510

Case Progress Note

Name of client Ted Polarsky Date 7/8/20 11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depr				✓	
anx / pain				✓	
low activity / soc iso					✓
neg impact chronic pain					✓

Treatment provided** Upset bc Work Comp not telling where to go for x-ray for surgery he desperately needs for 2 wks - Winning in Pain Continue to build coping skills

Treatment planned*** Continue to build coping skills

Current/Changed medications**** same See Facesheet / Folder E/S

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Left OP

CPP

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LICENSED CLINICAL PSYCHOLOGIST #579
• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polendy Date 7/1/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 ; Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/panic			✓		
low distress/soc isol			✓		
neg impact chronic pain				✓	

Treatment provided** IP @ PHR - Trying to cope w/ pain & maintain optimism & social adaptive coping - 7/5/11

Treatment planned*** _____

Current/Changed medications**** same See Facesheet/Relia

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

C Jonet P. 1445

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST #579
• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polevchak Date 6/24/20 11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
Dep			✓		
anx / panic			✓		
Low activity / Social			✓		
Neg impact Chronic pain				✓	Pain = Constant sleep

Treatment provided** Very upset re: F / P this week; Surgery being scheduled

Treatment planned*** Continue to build to hope - Colorado but have adaptive coping same

Current/Changed medications**** See Handout / Refer

Progress: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

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• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polensky Date 6/17/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
Social / low activity			✓		
neg impact chronic pain				✓	lempening

Treatment provided** PF's Mindfulness w/ pain, Rev Negative cognitive set reframed Exercises

Treatment planned*** Motivate, Cognitive reframe Mindfulness CBT E/S/L

Current/Changed medications**** ϕ N See Refer / Forstalex

Progress: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

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CAD

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LICENSED CLINICAL PSYCHOLOGIST #579
• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polendy Date 6/10/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/panic			✓		
attn/conc/STmemory					Pain level high
nightmare/poor sleep				✓	drowsy

Treatment provided** pt tired, Pain interfering w/ sleep & Causing nightmares, feelings of desperation

Treatment planned*** Continue to build adaptive Coping skills. See Fortsiful / Relief Cognitive Restructuring - Mindfulness CBT

Current/Changed medications**** Cut Percocette w/10 Tylenol

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

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C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST #579
• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polansky Date 5/24/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep				✓		Can't get a.t. done
anx/panic				✓		
neg impact chronic pain						✓✓ can't sleep
Somatic / low energy			✓			

Treatment provided** has not slept well for several weeks but has not slept at all for last 2-3 nites - very upset that cog impairment

Treatment planned*** Cog Reframe E/S/V negatives & appeals decrease adaptive coping

Current/Changed medications**** same See Fentanyl / Relax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** Saw Relax yesterday, pain, headaches

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST #579
• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polansky Date 5/17/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					
anx/pain					
dec impact chronic pain					
low activity/soc isol					

Treatment provided** More hopeful Work Comp will allow the surgery he need - Pain is overwhelming - Tries to be hopeful but is still depressed

Treatment planned*** Cont to build adaptive ways

Current/Changed medications**** same See Forsteps / Polar

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** Cannot remember plays D Cal's Family Pension — Embarrassed

CDD

C. Jean Jonet, Ph.D.
LICENSED CLINICAL PSYCHOLOGIST #579
• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polesky Date 5/10/20 11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/panic			✓		
neg impact chronic pain			✓		
soc int/occ activity			✓		

Treatment provided** Pt struggling to get out of house / very reclusive, pain overwhelm

Treatment planned*** Duke had wrong type specialist for his problem - very discouraged, Cog restr. Can't build daytime coor 5/5/11

Current/Changed medications**** same See Fardapel / Roller

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

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CJJ

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• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Ted Polanski Date 5/3/11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx			✓		
neg impact Obsessions on Sex use / low activity			✓		

Treatment provided** going to Duke next week - Very Concerned this MD not recommended by Dr Reiser, Was confidence in Colonels M.D.

Treatment planned*** Continue to build Mindfulness CBT re: Depressive adaptive Coping Perspective

Current/Changed medications**** Same See Fortnightly Labs E/S/L

Prog is: θ Guarded θ Improvement θ Recovery θ Fluctuating θ

Notes ** _____

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• 1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510 •

Case Progress Note

Name of client Teal Palanski Date 4/26/20 11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx / panic				✓	
neg impact chronic pain					✓✓ pain level increased
low activity / socia			✓		

Treatment provided** Pt pain level increased this weekend, really working, moving slowly

Treatment planned*** Mindfulness re: pain mgmt
Continue to build adaptive coping ELSIV skills

Current/Changed medications**** same See Forstafil / Reber
Dr Reber may make Δ

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** _____

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1333 Taylor Street • Suite 4-H • Columbia, South Carolina 29201 • (803) 779-7510

Case Progress Note

Name of client Ted Peeples Date 4/19/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
SI				✓	almost called emergently due to self-harm attempts
insomnia				✓	does not sleep at all
dep				✓	
anx / panic				✓	

Treatment provided** upset that Work Comp not willing to pay for Colarda MD to which Dr Keller referred him - Candace Brule adaptive

Treatment planned*** not sleep after got mail

Current/Changed medications**** same See Fontanelle / Keller

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** Pt very depressed - Safety Plan reviewed - Compliant - F/U 5/11

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Case Progress Note

Name of client Teel Polansky Date 4/12/11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓	more talkative	
anx/panic			✓		
neg intrusive somatic pain			✓		
SI/HI/plan/intent			✓		

Treatment provided** becoming hopeful re: getting surgery for stimulator to help RSD

Treatment planned*** Cog Reframe negative perceptions
Continue to build collective Capacity

Current/Changed medications**** same See Fentanyl / Roxicodone

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ

Notes** _____

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Case Progress Note

Name of client Teel Polanky Date 4/5/20 11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					✓✓
anx / panic					✓
SI					✓✓
neg impact chronic pain					✓

Treatment provided** pt very upset last week when work comp initially denied ability to get RSD redone by Colorado surgeon. SI - still present but less intense. Cog reframe & support re: SI - stable overall due to coping w/ pain

Treatment planned*** RSD redone by Colorado surgeon

Current/Changed medications**** same See Tarantafil / Relafen

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ

Notes ** encouragement & support!

CJJ

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Case Progress Note

Name of client Ted Polansky Date 3/29/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	going to bed bf Cael gets home
anx / panic			✓		
neg impact chronic pain				✓	it pretty smart
attn / conc / ST memory				✓	dazed!

Treatment provided** pt had appt in F/brand, cannot remember how it went, hypersomnia, dazed

Treatment planned*** Lamictal — explained, prompt brand continue BBuried adaptive copy hope

Current/Changed medications**** same See Relief, Forgetful

TC ~sis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes ** _____

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Case Progress Note

Name of client Ted Polansky Date 3/15/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic				✓	
neg impact somatic pain					✓✓
low activity / soc iso			✓		

Treatment provided** Pt struggling w/ ↑ pain due to weather Δ, waiting for surgery.

Treatment planned*** Target pt really bothers - Cog Reflect Continue to build adaptive coping. Mindfulness re: same - See Fear Hierarchy dealing w/ CBT techniques

Current/Changed medications**** _____

Progress: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** Back pain so bad

E/S/V

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Case Progress Note

Name of client Ted Pleasly Date 3/8/2011

Duration 90 75 60 (60) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
hypersomnia					✓ lays around in bed a lot
anx/pain			✓		
neg impact chron pain					✓ asleep in pain dwelling on

Treatment provided** Suffering = Pain + Resistance Discuss Mindfulness conception

Treatment planned*** dealing w/ pain - try not to resist what is - continue to build adaptive coping

Current/Changed medications**** same See Fontrefel / Relax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

No. **

P. 1/1

CPO

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Case Progress Note

Name of client Ted Palansky Date 3/1/20 11

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/panic			✓		
neg impact sometimes from low activity/sx				✓	Dt = pretty smooth getting fatigued when does the
				✓	least little thing

Treatment provided** PT hopeful to get surgery - May get PT for fatigue A&Hn & Concentration off - STM ↓

Treatment planned*** Pain Mgmt, Coping/reframe ELS/L Continue BT build adaptive coping

Current/Changed medications**** same See Fentanyl / Celebrex

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

DC ##

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Case Progress Note

Name of client Ted Polensky Date 2/22/11 /120

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep					monitor SI
anx / panic					More compliance w/ Rx
low self-esteem / self-esteem impact					Pt bothers Pt to keep out of use a good

Treatment provided** Talking about insurance & being frustrated but denies SI - explore but

Treatment planned*** continued denial - pt waiting for surgery, a reminder re: CBT reframe

Build adaptive coping skills w/ plan

Current/Changed medications**** some - See Forstalpil / Relafen E/S, CB

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Note** Medtronic came to work w/ stimulator but got shocked in abdomen. Modified CBT

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Case Progress Note

Name of client Ted Polansky Date 2/15/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
neg impact chronic pain				✓ trying to help	
low activity / soc iso			✓ urge for more engagement		

Treatment provided** hopeful for surgery, trying to protect self from disappointment, seeing Dr. Lee

Treatment planned*** medtronics Sondera, trying to manage pain, ways to cope & build adaptive coping

Current/Changed medications**** same See Fanatrex / Relafen

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** _____

C JJ

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Case Progress Note

Name of client Ted Polansky Date 2/8/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 29654

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx / panic				✓	
neg impact Chronic pain				✓	worried
sedation / low activity				✓	

Treatment provided** Tel Consult w/ Dr in Colorado who said he believes pt is a candidate for surgery

Treatment planned*** Dt will be extremely difficult to fix and to build adaptive Coping skills. Will request his expertise elsewhere so this need can be worked on

Current/Changed medications**** same See Fentanyl / Celebrex PO

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ

OL* Very worried & upset re: Work Comp approval for surgery

Cont pain E/S

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Case Progress Note

Name of client Ted Polensky Date 2/1/2014

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep				✓		upset. Work Comp will not keep w/ surgeon having Colorado Carpet cancel thought it was
anx/panic			✓			
neg impact pain			✓			
attn/conc/ST memory				✓		

Treatment provided** Very worried re: surgery he needs & whether he will get it - pain Marcia

Treatment planned*** Continue to build adaptive coping skills - Mindfulness w/ ET's, Cognitive Restructuring

Current/Changed medications**** same See Forte Packet / Relax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Other** _____

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Case Progress Note

Name of client Ted Polanosky Date 12/5/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 29654

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx/panic				✓	
SI				✓	
neg impact somatic pain				✓	

Treatment provided** = dis feeling more desperate. Dtaed Pain really gets me depressed my life if ST & Call not to prolong happens to me."

Treatment planned*** Ensure re: Columbia MD Cog reframe: Work Comp approval no plan. Conflict Build Hope for safety.

Current/Changed medications**** ↑ Percocet See Relpax Fentanyl

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ

Other** Called Dr. Relpax Rx clarify P.D. no CM

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Case Progress Note

Name of client Ted Polenchy Date 1/18/2011

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
soc isx / low activity			✓		
neg impact chronic pain				✓	

Treatment provided** Pt took Carvall day for repairs - R.S.D really acting up - Very uncomfortable

Treatment planned*** Lost temper - Had to put over - Continue to build discipline. Anger Mgmt - Cog reframe - coping

Current/Changed medications**** Same See Fortaspil / Relpax 1/5/11 except new Oxycodone

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

IC* _____ w/D Tydenil

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Case Progress Note

Name of client Ted Polanski Date 1/4/2021

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
neg impact chronic pain				✓	"Boy, it's hunting"
low activity / sx ↑ during Holidays					

Treatment provided** Pt lead to leave the room during Holiday meal due to pain - Provided - Encouraged adaptive coping to keep active - ope w/ pain - Build

Treatment planned*** ope w/ pain - Build adaptive coping to keep active

Current/Changed medications**** Oxycodone Pain Med - Pt ~~complete~~ he Δ See Keflex / Fentanyl

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Refer

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Case Progress Note

Name of client Ted Polansky Date 12-2-2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep				✓		denies SI plans
anx/pain			✓			
low activity/soc iso				✓		
attn/concentration/memory				✓		can't remember household chores
~~sleep impact~~ chronic pain				✓		tension @ home, guilt

Treatment provided** Xmas is here, not happy re: plans - Negative perspective cognitively reframed, Mindfulness CBT; ESI/V

Treatment planned*** Continue to build adaptive coping

Current/Changed medications**** ↑ Exalgo See Forstaefel / Reiter

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

waiting for Work Comp approval for surgery to ease pain

C. Jonet

P. 2008

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Case Progress Note

Name of client Ted Polansky Date 12/7/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 29654

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	ST but Contraindicated for safety
anx/pain				✓	on Rx
neg impact chronic pain				✓	✓ hyp
soc iso/low activity			✓		

Treatment provided** visit to FL to see old friend - did not really enjoy due to pain level - Pessimism - Butrel optimism / ESI / RSD surgery

Treatment planned*** waiting for Work Comp to approve

Current/Changed medications**** same - See Fentanyl / Relafen

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

DL: Mental confusion while driving - Crossword - w/ Carol - Confusion got worse

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Case Progress Note

Name of client Ted Polensky Date 11/16/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN gone 2 wks to see elderly friend

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		dreams re: dying
SI			✓		
neg impact pain				✓	talked of hibernating
amt pain			✓		under Cope

Treatment provided** Cog reframe neg cog set - Call Reber again - No reply set E 15/L

Treatment planned*** Cont to build adaptive coping

Current/Changed medications**** same See Forstaefel / Reber

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Comments: See Reber tomorrow

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Case Progress Note

Name of client Ted Polewsky Date 11/9/20 10

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
SI				✓	but contracts ✓
anx / pain			✓		
soc iso / low activity			✓		
res impact pain				✓	

Treatment provided** Pt pain level getting worse - Losing hope - A Nemyt to contact Relier re: status for surgery for pain - No info yet to build E/S/V

Treatment planned*** adaptive coping

Current/Changed medications**** same See Fentanyl / Relier

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Other: Friend from fraternity came to town but he barely participated

CJJ

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Case Progress Note

Name of client Teal Polanesky Date 11/2/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 29654

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 49 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx / panic				✓	
neg impact pain				✓	
sx isx / low activity				✓	

Treatment provided** Pt had to do absentee ballot bc of pace level - Cld not tolerate waiting in line to vote

Treatment planned*** Stressed w/ F - he does not have the strength to build coat to help F - Cog reframe, Problem solving, adaptive coping

Current/Changed medications**** same See Fortoefil / letter E/S

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Re: _____

CJJ

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Case Progress Note

Name of client Ted Polensky Date 10/26/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 29654

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx / pain				✓	
neg impact somatic pain			✓		
sor iss / low activity			✓		

Treatment provided** Pt does not know if he can have surgery for continued severe pain - Very upset - Cry

Treatment planned*** Cog reframe - Needs to take dog home adds stress ELS LL
Cont to build adaptive coping skills

Current/Changed medications**** same See Folstopil / Relax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

2) _____

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Case Progress Note

Name of client Ted Polansky Date 10/19/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep			✓			
anx / panic				✓		Can't make it on injection w/o Xanax
neg impact	Somatic pain			✓		Urging to accept whether he gets help for RSD yes or no
insomnia					✓	has not slept in 3 days

Treatment provided** Pain level & Worry control & insomnia - worries re: losing independence due to low func

Treatment planned*** Continue to build adaptive coping Cog reframe ELS/V

Current/Changed medications**** Same See Forstaefel - Med Δ

Prognosis: θ Guarded (θ) Improvement θ Recovery θ Fluctuating θ _____

** Rt throat problem w/ white exudate, bumps on neck

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Case Progress Note

Name of client Teal Polensky Date 10/12/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
neg impact somatic pain				✓	getting headaches a lot more due to pa
soc iso / lack activity			✓		

Treatment provided** seems less forgetful today but ↑ pain - Worried re: neighbor incidents upset it takes so long to get pain stimulation final - Cog reframe

Treatment planned*** Visit to build adaptive capacity

Current/Changed medications**** 5 mg See Forstapil / Relax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

C: _____

CPT

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Case Progress Note

Name of client Ted Polanski Date 10/5/20_10

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.33

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

nge in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic				✓	
neg impact somatic pain				✓	
family stress				✓	

Treatment provided** ACM = ? problem, tool father not using CPap notes at father's but make no sense - worried re: ELS/L

Treatment planned*** Cog reframe fear of losing father notes at father's but make no sense - worried re: ELS/L
Cont to build adaptive coping

Current/Changed medications**** Same See Farstadfel / Reber

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Plan seeing Peter next week or following

CJJ P. 425

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Case Progress Note

Name of client Ted Polansky Date 9/21/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

ange in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/panic			✓		
neg impact chronic pain				✓	higher in last several wks
sx, isol / low activity				✓	

Treatment provided** Coping support is a problem - info given re SC rsdl group - Allen/Conol St men

Treatment planned*** Mental gymnastics techniques / Prolist* continue to build adaptive coping

urrent/Changed medications**** same See Forstalled / Keller

ognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

tt — encourage to learn how to use computer

Did he increase w/ med changes?

CPT

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Case Progress Note

Name of client Ted Polensky Date 9/14/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depr			✓		
anx/pain			✓		
neg impact somatic pain				✓	
social - loneliness			✓		

Treatment provided** waiting to find out about Colorado surgery - very difficult d/t tolerate pain - Cont to find adaptive coping - See Fordsfield - will f/u

Treatment planned*** encourage - Cognitive

Current/Changed medications**** same

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Plan: see 9/16

Relapse 1/20

CPD

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Case Progress Note

Name of client Ted Polansky Date 9/28/20 10

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

nge in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
attn/conc/ST mem					✓ Cexist
dep			✓		remember own phone # today!
anx/panic				↗	
neg impact somatic pain				✓	abuse due to pain meds?

Treatment provided** Neg. dysfunctional pro: cognitive worsening - Discuss

Treatment planned*** Compensatory techniques - Cog refresh
Cont to cope w/pain & ↑ functioning 5/5/V

Current/Changed medications**** same See Faxsheet

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

pt: _____

P. 482

On completing this form _____

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Case Progress Note

Name of client Ted Palamarchy Date 8/24/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly Weekly 2 (3) 4 6 8 12 weeks PRN will be away

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx / panic			✓		
neg impact somatic pain			✓	continuing to bo	
soc iso / low activity			✓		

Treatment provided** Cannot always drive due to sedation of meds - Very hard to function - Morale low - Can't do normal

Treatment planned*** Continue to encourage participation in PT E/S/L

Current/Changed medications**** still taking 8 Exalgo See Ferrlecpl / Celebrex

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Note:** _____

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Case Progress Note

Name of client Teel Polansky Date 8/17/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 29654

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep				✓		denies SI but very down
anx / panic			✓			not able to help at all
low activity / conc					✓	
neg impact chronic pain					✓ ✓	Not Good

Treatment provided** Still waiting to hear from MD in Colorado - Dr. Gail does not understand her cognitive impairments

Treatment planned*** Cont to build adaptive copy Cen + keep check sheet - mi splan & hope Pain Mgmt

Current/Changed medications**** Exalgo ↑ 6 x daily See Forgetful & Relax E/S/V

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Ter - Needs affect coordination - Dtr appt w/ Peter tomorrow, will tell him then

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Case Progress Note

Name of client Teal Polansky Date 8/9/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
depr				✓	
anx/panic					
neg impact chronic pain				✓	
low activity/soc isol					

Treatment provided** Pain i = "It's bothering me pretty good" - Called Dr Polier re: pain meds not working

Treatment planned*** Mindfulness work re: Pain - E/S/L
Cont to build adaptive coping Bldg Hope

Current/Changed medications**** same See Fontaifel / Polier

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** Still waiting to hear from Colorado re: surgery

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Case Progress Note

Name of client Teal Polansky Date 8/3/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep				✓		denies SI, hot weather
anx/panic			✓			↑ pain
neg impact chronic pain				✓		
low activity/sedn				✓		constipation

Treatment provided** seems sedated from pain meds - Very low energy - low activity - Needs to hear from MD in Colorado

Treatment planned*** Cont to build adaptive coping. Urge to resolve - Cog response ↓ S/I

Current/Changed medications**** same See Fentanyl & Lidocaine

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

N[illegible]** _____

_____

_____

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Case Progress Note

Name of client Ted Polansky Date 7/27/20 10

Duration 90 75 60 (30) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 29654

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓ hopeful re: new RSD stimulator from Colorado		
anx/pain			✓		
neg impact/brain pain sor isx/low activity				✓ hot summer made RSD worse	

Treatment provided** pain meds run out at 3 AM, woke up in pain - Heat made pain worse so cannot go outside - Cog Reframe - E/S/V

Treatment planned*** Continue TF CBT w/ Chronic pain

Current/Changed medications**** Same See Forstekel/Rafter except + Excelsa

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

No** not as many side effects from pain meds

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Case Progress Note

Name of client Ted Polansky Date 7/29/20 10

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased	Lessened	No change	Increased	Much increased
sx impair Chronic pain ✓			<		>> not always but sometimes better
dep					
anx / panic					
attn / conc / STM problem					✓ confused
ADL's				✓	not shaved

Treatment provided** Modeling off a lot, hard to keep track of time not groomed as always is

Treatment planned*** denies SI, contact Reber's office Dr Reber says probably Continue to build discipline

Current/Changed medications**** 4 x 12mg copy Extrafo 4 x 16mg Exalgo Refer to pain mgmt clinic

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ

V: —** ECSLV Cog reform

rson completing this form: C. Jean P. 488

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Case Progress Note

Name of client Ted Polarsky Date 7/12/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/panic			✓		
neg impact Chronic pain				✓	near pain med
soc iso / low activity				✓	not working

Treatment provided** C/D attn/conc/ST memory & relax - Homework - newspaper daily. Discuss w/ Carl - Encourage to get out of house - ES

Treatment planned*** Continue to build adaptive coping Co-replace neg thoughts

Current/Changed medications**** same See Fosteapil / Relax

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Jo* **

rson completing this form: CJJ P. 469 495

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Case Progress Note

Name of client Ted Polumsky Date 7/6/2010

Duration 90 75 60 (50 45) 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓ very flat	
anx/panic					
neg thought	Chronic pain ✓		Rates pain reduction		
sol / so / low activity	✓ diet/sed			from new	

Treatment provided** 49th Qtly meet at Div mope around a lot - Five work bf it was Discuss ways to engage in life - 7 = Not Cog Reframe dep perspective E/S/much

Treatment planned*** Rec reading newspaper - Also pictorial mag Build adaptive copings

Current/Changed medications**** 48 mg Celexa See Refer

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

** Need to call Dr Refer to find out what result of trip to Colorado was &

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Case Progress Note

Name of client Teal Palarchy Date 6/29/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep			✓		
anx/panic			✓		
neg impact chronic pain				✓	
lowactivity/sx's				✓	

Treatment provided** Pain meds Evelyn still not working even though ↑ 48mg - Very discouraged - Dr Reher to consult in Colorado - mb put 5th medication for back & leg if possible - Big Cardiac workup today, capsin - Consider w/ Reher & Fontaine

Treatment planned*** Continues to build adaptive coping

Current/Changed medications**** Same See Reher / Fontaine

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** Pt SOB even sitting/relaxed. Doing not by EKG/Echo results. By working today exhausted

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Case Progress Note

Name of client Ted Polansky Date 6/23/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>	
dep			✓			
anx / panic			✓			
neg impact chronic pain				✓		
soc iso / lost activity				✓		heat make it worse

Treatment provided** Phone consult on 6/20/10 w/ Dr Lalier & this writer to address pain mgmt in relation to SI issues - Pt is passive w/ pain mgmt issues; needs urging to get back w/ Dr Lalier

Treatment planned*** SI issues - Pt is passive w/ pain mgmt issues; needs urging to get back w/ Dr Lalier Continue to build adaptive coping & Address Learned Helplessness Compare to Learned Helplessness Urge pt to see Dr Lalier for help with pain meds

Current/Changed medications*** See Lalier / Fentanyl

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** explore Colorado trip

Discuss SI openly w/ Pt re: pain & concerns of guilt & escalation - Contracts for safety

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Case Progress Note

Name of client Ted Polanski Date 6/15/10

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓ mopen	
anx / panic			✓		
neg impact chronic pain				✓	
SI	Ø denies				

Treatment provided** discuss pain mgmt – relaxation tx & emp – need to minimize psych stress

Treatment planned*** ? Celvada for RSD Stimulator E LS/L
Continue to build adaptive coping & Cog reframe

Current/Changed medications**** ØN See Forstofed
but non med did not work

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Notes** _____

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Case Progress Note

Name of client Ted Polansky Date 6/1/8/2010

Duration 90 75 60 (50) 45 30 15 minutes

Intended schedule: Biweekly (Weekly) 2 3 4 6 8 12 weeks PRN

Diagnosis (DSM-IV/ICD) _____ Code # 296.54

Diagnosis (DSM-IV/ICD) _____ Code # _____

GAF score today 45 Other measures* _____

Change in target symptom	Much decreased <<	Lessened <	No change =	Increased >	Much increased >>
dep				✓	
anx / panic			✓		
neg impact Chronic pain				✓	
soc iso / low activity		✓			

Treatment provided** New pain med not helping, wear-off, bad side effects, cannot get pain stimulator

Treatment planned*** trial, neg Cog set reframed, Cont to build adaptive cope E/S/L

Current/Changed medications**** D/C new pain med See Relief / Fentanyl

Prognosis: θ Guarded θ Improvement θ Recovery θ Fluctuating θ _____

Note** _____

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